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فهارس مجمعة لمائة وخمسين دورية طبية

(١٩٨٥ - ١٩٨٨)

الجزء الأول : أمراض وجراحة العظام

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THIS BIBLIOGRAPHY

It is our great honour to publish the first part of the **National Bibliography of the Egyptian Medicine** which is indeed very important for public health &medical education foundations, as well as for researchers and scientific research authorities.

The effort done in this work has been going on very steadily since the begining of 1986. The previous experience and background in editing & publishing enabled us to **put a dynamic plan for such national work with the possibility of renewing, adding, omitting, rearangement of such data.**

The hope of establishing a regional data base of medicine was not so far from our thinking. Our motivation was the great need for such work. It seems quite unfair to **our people** to be aware of the recent international research through the medicus index, while they **are ignorant of the current research done in our very own country and even city. This led to unnecessary repetition of research papers, with waste of effort , time & money as well as lack of utilization of previous data.** There have been too many examples for such waste.

The spirit of cooperation offered by the **deans of egyptian medical schools, editors and subeditors of the egyptian medical journal** was the main milestone which enabled us to achieve such work, We would like to thank all of them with **special appreciation to Professor Mohamed. Abdel Latif, President of Zagazig University.**

We would like to mention the names of some collegues who gave such project some of their precious time: Dr. Hanan Nour El-Din, Dr. Osama El Mansy, Dr. Mohamed Nagi.

We need to say a word of thanks ot secretary staff in the editorial offices of the individual editors : Fatin Fahmy, Hebatalla Rashad, Zeinab Abu Taleb, and Magde Yassen.





Dr. Mohamed El Gawady
Managing Editor of the New Egyptian Journal.
Director ,Medical Information & Publishing Center.

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APPREVIATIONS OF JOURNALS INDEXED

AFMJ	Armed Forces Medical Journal
AJD	African Journal of Dermatology
AJLM	Arab Journal of Laboratory Medicine
AMC	Ain Shams Medical Conference (The book of the abstracts of the annual conference)
AMJ	Al Azhar Medical Journal
ASMJ	Ain Shams Medical Journal
AUMJ	AssiutUniversity Medical journal
AZDJ	Al Azhar Dental Journal
BAFM	Bulletin of Alexandria Faculty of Medicine
BEHA	Bulletin of the Egyptian Hospital Association
BESC	The Bulletin of the Egyptian Society of Cardiology
BFP	Bulletin of the Faculty of Pharmacy, Cairo University
BFS	Bulletin of the Faculty of Science, Cairo University
BHIPH	The Bulletin of the High Institute of Public Health
BMJ	Benha Medical Journal
BNI	Bulletin of the Nutrition Institute of the Arab Republic of Egypt
BNR	Bulletin of the National Reasearch Center
BOSE	Bulletin of the Ophthalmological Society of Egypt
D.D.	Drugs Digest (WHO /EMO, Alex)
EDJ	Egyptian Dental Journal

EICRA	4th Egyptian International Congress of Rheumatology Book of Abstract
EJA	Egyptian Journal of Anaesthology
EJANA	Egyptian Journal of Anatomy
EJAR	Egyptian Journal of Andrology & Reproduction
EJAS	Egyptian Journal of Applied Sciences
EJB	Egyptian Journal of Bilharziasis
EJBIOE	The Egyptian Journal of Biomedical Engineering
EJCDT	The Egyptian Journal of Chest Disease & Tuberculosis
EJEMTC	Egyptian Journal of Environmental Mutagensis, Teratogensis and Carcinogensis.
EJENT	Egyptian Journal of Otolaryngology
EJFS	Egyptian Journal of Food Science
EJGC	Egyptian Journal of Genetics & Cytology
EJGIT	The Egyptian Journal of Gastroentuology
EJH	The Egyptian Journal of Haematology
EJHIST	The Egyptian Journal of Histology
EJMH	The Egyptian Journal of Mental Health
EJMIC	Egyptian Journal of Microbiology
EJN	Egyptian Journal of Nutrition

EJNPN	The Egyptian Journal of Neurology, Phychiatry & Neurosurgery
EJO	The Egyptian Journal of Oncology
EJP	The Egyptian Jouranl of Psychiatry
EJPHA	The Egyptian Journal of Radilogy & Nuclear Medicine
EJPHY	Egyptian Journal of Radiation Sciences & Applications
EJPRS	Egyptian Journal of Plastic & Reconstructive Surgery
EJPS	Egyptian Journal of Physilological Sciences
EJRNM	The Egyptian Journal of Radilogy & Nuclear Medicine
EJRS	Egyptian Journal of Radiation Sciences & Applications
EJS	The Egyptian Journal of Surgery
EMJ	The Egyptian Medical Journal
EOJ	The Egyptian Orthopaedic Journal
ERR	The Egyptian Rheumatology & Rehabuilitation
ERZU	Enviromental Review of Zagazig University
ESJ	The Egyptian Statistical Journal
GEPA	The Gazette of the Egyptian Paediatric Association
GESDV	Gazette of the Egyptian Society of Dermatology and Venerology
JDR	Journal of Drug Research
JEMA	The Journal of Egyptian Medical Association
JENCI	Journal of Egyptian National Cancer Institute
JEPHA	Journal of Egyptian Public Health Association
JESE	The Journal of the Egyptian Society of Endocrinology
JEUSM	Journal of the Egyptian Society of Ultrasound in Medicine

JEST	Journal of the Egyptian Society of Toxicology
JESOG	The Journal of the Egyptian Society of Obstetrics & Gynaecology
JMMA	Journal of the Medical Military Academy
JMRI	The Journal of the Medical Research Institute
JMS	Journal of Medical Sciences
MMB	Mansoura Medical Bulletin
MP	Mental Peace
MJCU	The Medical Journal of Cairo University
NAACO	Ninth Afro Asian Congess of Ophthalmology
NEJM	New Egyptian Journal of Medicine
OCA	Orthopedics Conferences Abstract
PAMJA	24th Pan Arab Medical Journal Abstract
SJAFG	Scientific Journal of Al Azhar Faculty of Girls
TMJ	Tanta Medical Journal
4 ZCDV	The 4th Zagazig International Conference of Dermatology & Venerology
5 ZCDV	5th Zagazig International Conference of Dermatology & Venerollogy 5ZCDV 2188
ZMAJ	Zagazig Medical Association Journal .
ZUMJ	Zagazig Universiy Medical Jurnal

1

T:Closed intramedullary Kuntscher nailing of femoral shaft.
A:W. El sissi
S:AFMJ.
D:2/I985
K:Femur, closed intramedullary nailing
A:A study of 20 patients with fracture shaft treated in Helmia Military Hospital by closed intramedullary Kuntscher nailing, of these patients, 6 had transverse fractures, 5 short oblique, 6 moderate comminution, 3 severe comminution and 4 had associated injuries.
The advantages include a negligable risk of infection, rapid mobilization even with grossly comminuted fractures and facility of management of associted injuries.
No cast brace was used, neither rotational deformity, knee effusion nor delayed union was noticed and union was obtained within 3 to 6 months in all cases.

2

T:Evaluation of Aspiration and Local Injection of Sodium Morrhuate in the Managemnt of Gang
A:A.Salam Gomaa, Fathy S. Nasr.
S:AFMJ.
D:2/I985
K:Ganglia, management.
A:Management of ganglia was evaluated by local injection of 10% sodium morrhuate against surgicla removal. The study was performed on 25 patients: 15 were managed by aspiration followed by local infiltration of the sclerosing agent, the rest had the ganglia surgically removed. All participants were followed up for one year. Results indicated an almost equal incidence of local recurrence. No local complications were noted in the sodium morrhuate group.

3

T:Asymptomatic Discoid Menisci of the knee in young adults presenting with a tear
A:N. Hashem and O. Shata
S:A.M.C.
D:3/I985
K:Discoid Menisci of the Knee, tear
A:It is uncommon for a discoid meniscus to become symptomatic initially in adults, and then present with a tear. We have encountered 7 adults with tear in complete type of discoid meniscus with intact ligament attachment. All of them were previously asymptomatic and they presented clinically as meniscal tears. Discoid meniscus was discovered during operation. The patients ranged in age from 22 to 28 years. The medial meniscus being involved in one patient, and the lateral meniscus being involved in one patient, and the lateral in six, one of them had bilateral affection. Total meniscectomy was performed in all cases with complete recovery.

4

T:Congenital Dislocation of the shoulder
A:M. El Ghawaby and N.Hashem
S:AMC
D:3/I985
K:Congenital dislocation of shoulder

A:True congenital dislocation of the shoulder is very rare, but the term is wrongly, applied to acquired dislocations occuring at or shortly after birth, which are not so uncommon.The commonest forms of acquired dislocation are those arising from trauma at birth, or developing as a sequel to birth palsy.This paper discribes two cases of true congenital shoulder dislocation which is extremly rare, and to our knowledge have not been reported previously.

5

T:Operative treatment of acromio-clavicular joint Dislocations.

A:Osama Shata & Nabil Hashem & M. Zaki

S:A.M.C.

D:3/I985

K: Ackromio joint dislocations, Operative treatment.

A:I8 pateints with acute acromioclavicular joint dislocation were treated operatively by open reduction, repair of the torn ligaments and temporary internal fixation using a K. Wire and a malleolar Screw inserted across the joint. Active mobilisation started one week after surgery. Follow-up period ranged from one to four years. The result return of movements, relief of pain, functional ability and cosmosis were considered excellent.

6

T:Pilot study on epidemiology of rickets in infants and children between 6 & 36 months.

A:A.H. Mahmoud, A.A. Monem Khashaba, H.A.A. Rahman, N.M. Maimoun and Matter.

S:EJCM

D:3/I985

K:Rickets

A:This study was carried out in Kaliubia Governorate, to find out the prevalence rate of rickets, the underlying socioeconomic factors and cultural practices.
Two thousand three hundred and four infants and children aged 6-36 months were examined during the period of I2 months, from October I982 to September I983.
The results showed that the prevalence of rickets was 8.2%, the highest percentage was found at the age of I8 months (33.3%). Males were more affected (53.9%) than females (46.1%). The prevalence of rickets was found to be higher in rural areas (78.3%) than urban areas due to wrapping infants and young children with clothes and keeping them indoors which deprives them from ultraviolet rays.

7

T:UNI Polar Transfer of Latissimus Dorsi muscle to restore elbow flexion.

A:A.S. Awad, M.M. Megahed, H. ElAwady, S. Sedhom, H. Ashour, A.L.El-Hewala. and M.Shalaby.

S:ZUMJ.

D:3/I985.

K:Elbow Flexion.

A:Nine patients with complete loss of active elbow flexion had latissimus dorsi muscle transfer. Six cases were poliomyelitic and three cases were due to trauma. Their ages averaged twenty one years old, seven of them were followed up for three years. The origin of the muscle was detached and transferred to the biceps tendon and its tendon was left undis-

turbed and attached to the humerus. All patients could not bring their hands to their mouths pre-operatively with the exception of one case in whom the operation was done to restore active range of flexion. After operation, they had a range of active flexion from 95-I35 and they could lift an average weight of I.37 kgm. in poliomyelitic cases and 4.3 in traumatic cases. We prefer our technique to other procedures to restore active elbow flexion. The latissimus dorsi is dispensable, has a long lax neurovascular bundle, gives enough active flexion power and could be transferred as an active myocutaneous falp which makes it useful in scarred cases of cases with skinloss.electromyographic studies of the transplanted latissimus dorsi revealed no denervation potentials and complete interference pattern on voluntary contractions indicating the latissimus dorsi has maintained its viability after transplantation.

8

T:Cross Finger Flap for Finger Tip injuries

A:Osama Shata & Hashem

S:A.M.C.

D:3/I985

K:Finger tip injuries, cross finger flap.

A:Laterally pedicled cross finger flap was applied in 37 patients with acute finger tip injuries causing loss of the skin and soft tissues over the volar surface of the finger. The thumb was involved in 5 cases.
In the majority of cases the first stage was done few hours after injury and the second stage (separation) was routinely done I2-I4 days after.
In addition to its superior quality as skin cover, it offers an easy simple procedure in acute injuries allowing primary repair of deeper structures, resulting in rapid recovery.

9

T:Pyogenic Osteomyelitis of the Lumbar Spine

A:M. el-Ghawaby, N. Hashem; and O. Shata

S:A.M.C.

D:3/I985

K:Lumbar Spine, Inflammtion.

A:Twenty three patients with non-tuberculous pyogenic osteomyelitis of the lumbar spine are reported, in all of whom the diagnosis was confirmed bacteriologically or histologically. The duration of symptoms before diagnosis ranged from 2 months to 2 years. The clinical and radiological features and investigations are analysed. Anterior radical operation and canellous bone grafting at the site of infection is performed. Follow up of these patients for
a period ranging from one to ten years showed that the spinal infection healed with sound fusion.

10

T:Intra-Articular Aprotinin Versus Steroids in osteoarthritis of the knee.

A:M. El-Batouti, M.F; El-Batouti, and A. El-Gaweet.

S:MMB

D:4/I985

K:Osteoarthritis of the knee, treatment.

A:Osteoarthritis of the knee is so prevalent in Egypt that it may be considered as a national disease. The present day steroid and non-steroidal anti-inflammatory drugs provide symptomatic relief but not permanent cure of the disease. Current studies defining the bi-

ochemical mechanisms of cartilage degeneration have led to trials of the therapeutic agents capable of influencing the fundamental disease process.

11

T:Results of Surgical Treatment of Carpal Tunnel Syndrome

A:A.Abdel Razzak, M. el Fatatry & I. Halwag.

S:B A F M

D:6/I985

K:Carpal Tunnel Syndrome.

A:This work has been carried out on 40 wrists that were diagnosed clinically as having carpal tunnel syndrome. Decompression of the median nerve at the wrist was performed by division of the transverse carpal ligament in 20 wrists. The other 20 wrists were treated by decompression and epineurolysis. It was found that decompression with epineurolysis results in a little bit more insignificant satisfactory results than decompression alone. Yet, decompression only is more safe and easier than decompression and epineurolysis.

12

T:Patient-Satisfaction in an Orthopaedic Hospital

A:S.M. Labib Weheida, G. Hamada and N. abdel Ghany

S:BAFM

D:6/I985

K:Patient-Satisfaction.

A:A survey of 300 adult orthopaedic patient was conducted on three different wards: Gratis, Emergency and Private. A 3I-item questionaire assessed patient's satisfaction with nursing physician and environmental factors.The results suggest no difference between male and female satisfaction. Patients on the Gratis and Emergency Wards tended to be consistently more dissatisfied than patients on teh Private Ward. The major conclusion of the survey was that both nurses and physicians needed additional training in patient communication and patient teaching. Several specific envirommental recommendations were made: to install a water tank for the private section, to offer dietary services to the Emergency Section, and to install call bells at the bedside.

13

T:Clinicobiochemical studies during bone healing in cases with simple fractures: serum Zn,Ca Pi, alkaline phosphatase, calcitonin and parathyroid hor mone levels.

A:A.A.Hafez, K.F. & M.K. Salama.

S:AJM.

D:7/I985

K:bone healing in simple fractures.

A:The study shows that normal zinc nutrition is essential for normal bone healing as simple fractures healed with in normal periods suffice calcitonin and parathyroid hormone levels are also normal and dietary intake was satisfactory.

I4

T:Paralytic Calcaneal foot in cases below I0 years old.

A:M. I. Kandil

S:JEMA

D:8/I985
K:Paralytic Calcaneal Foot.
A:It is a recongnised that paralytic talipes calcaneus in one of the most disabling deformities that may develop in a paralytic foot. If it is allowed to
ptogress until there is equinus deformity of the fore-part of the foot, contracture of the planter fascia, cavus and clawing of the toes, the deformity becomes one of the most difficult deformities for orthopaedic surgeon to correct satisfactorly.

I5
T:Mallet Finger Deformity: Treatment Reconsidered
A:M.D.El-Ahwany & V. Sukumar
S:JEMA
D:8/I985
K:Mallet finger, Treatment
A:Despite the fact that traumatic mallet finger has been considered by some orthopaedic surgeons as a minor injury with little residual disability, it is troublesome especially if the patient frequently knocks the terminal phalanx.
Also there is no general agreement for its treatment, to depend upon a single method of treatment for mallet finger is just unrealistic in tendon surgery as in most areas of surgery. This communication reports the results of treatment of this condition according to a protocol, based on the pathological nature of the lesion.

I6
T:Genu Recurvatum Deformity caused by Ilio-Tibial band contracture.
A:M.I. Kandil & S.S. Ibrahim.
S:JEMA
D:8/I985
K:Genu Recurvatum Deformity
A:The ilio-tibial band contracture is one of the most common deformities in Poliomyelitis. It constitutes about 33.44% of all deformities, and so it is most important in orthopaedic practice.
We numirized all deformities caused by its contracture. Unfortionaltely one deformity was not mentioned, that is genu-recurvatum in knee joint. In about 270 cases of ilio-tibial band contracture, I2 cases were found to have genu recurvatum instead of the usual finding i.e. felxion deformity. In this paper we attempt to explain its occurance, its causes, prevention and treatment.

I7
T:Surgical Treatment of Ilio-Tibial Band Contracture
A:M.I. Kandil
S:JEMA
D:8/I985
K:Ilio-Tibial Band Contracture, Treatment.
A:In those cases of ilio-tibial band contracture with flexion deformity of the knee joint if treated by the classical surgical treatment i.e. Soutter's operation ± Yount's operation the flexion deformity of the knee will persist or recur and needs supracondylar osteotomy or posterior capsulotomy on another stage.
In this study we combine doing Soutter's operation + Yount together with supra condylar osteotomy of the femur in the same sitting.

I8

T:Post Traumatic Osteodystrophy Sudecks Atrophy
A:M.D. El Ahwany & A.A. Genna.
S:JEMA
D:8/1985
K: Osteodystrophy, Post Traumatic.
A:Patients with this syndrome usually have high turn over of osteroporosis due to increased osteoclastic resorption which is enhanced by immobilisation. The affected hand or foot is painful, swollen, moves poorly with evidence of trophic and skin changes due to vasomotor instability. In these cases we have tried Priscol and Xylocaine cocktail 20 mg of priscol and 5 ml of 1% xylocaine to produce regional analgesia and sympathetic blokade.

19
T:Our experience on neglected cases of congenital dislocation of hip.
A:M.D. El-Ahwany & M.A.R. El-Kabroun.
S:JEMA
D:8/1985
K:Hip dislocation
A:All the pateints were seen, treated and followed up in the Orthopaedic department of El-Khadra Hospital. Tripoli, Libya. The age of these cases were from 5 to 15 years. The study confined to these patients seen from December 1980 onwards. We have used the term Neglected C.D.H. for those cases with bilateral involvement of the age of 5 years unilateral at the age of 6 years.

20
T:Rib grafting versus autogenous marrow transplant in titanium mesh for repair of lost mandibular segment.
A:Hassib,
S:AFMJ
D:8/1985
K:Lost mandibular segment loss, treatment.
A:A well established fact assisted previously be be heavy experimental and clinical studies, suggested that many small bony defects when left behind without grafting healed more faster than comparable defects into which 2 utogenous bone was grafted.

21
T:Evaluation of different types of treatment of fracture neck femur.
A:O. El-Khwas
S:AFMJ
D:8/1985
K:Fracture neck femur, treatment.
A:Practical and clinical comparative study of 200 cases of fracture neck femur treated by different mehtods and comparing results of each.

22
T:Antihistaminics and congenital limb-reduction defects
A:M. Hafez, M. El-Rakhawy, and ZA. Ibrahim
S:GEPA
D:9/1985
K:Antihistaminics, congenital limb defects
A:This paper included 6 cases examined in our Genetics Unit because of their limb mal-

formations. We used a detailed structured questionaire to be sure that the mothers were healthy during the 40 weeks of gestation and have never exposed to any drug except anti-histamine especially in the first trimester. For the 6 patients; careful clinical examination. pedigree analysis, radiological examination, chromosomal study, and metabolic studies were done.The karyotypes and metabolic investigations were normal. Clinical and radiological studies showed a specific defect which is congenital limb reduction deformity. This indicates a possible teratogenic effect of antihistamines. Thus we recommend to stop using antihistamines during pregnancy especially in the first trimester.

23

T:Treatment of acute haematogenous osteomyelitis with new antibiotics.

A:A. M. Rida

S:BAFM

D:9/1985

K:Haematogenous Osteomyelitis, Treatment

A:40 pateints with acute haematogenous osteomyelitis were studied from March 1980 to May 1981. Group I of 20 patients was treated conservatively using rifampicin alone. 45% of this group gave excellent, 45% good and 10% poor results. However in this group 35% needed additional surgical drainage. Group II of 20 patients was surgically treated with isolation of the pathogenic organism from the bone. In all 20 patients the pathogen was sensitive to rifampicin. In 10 patients the most sensitive antibiotics other than rifampicin was used with 56% excellent, 11% good and 33% poor results. In the remaining 10 patients, the most sensitive antibiotic was combined with rifampicin and the results were excellent in 56% and good in 44% of the cases. It is concluded that in acute haematogenous osteomyelitis surgical drainage is essential. This should be followed by antibiotic treatment using a combination of antibiotics to which the organisms are sensitive. Rifampicin when used in this combination proved to ameliorate the results.

24

T:Articular manifestations of schistosomiasis (clinical & radi-ological approach)

A:S.A.E.Badawy, I.A.Ibrahim, A.I.Hewala, M.E. Mandour & A.M.A.Hady

S:PEASCZ

D:11/1985

K: Schistosomiasis,articular affection

A:This clinical study included sixty seven patients with thoroughly documented schistosomiasis and musculoskletal complaints. Seventeen of these patients presented with polyarthritis. (AI>15 core us), fifteen presented with an enthesitis alone. The remaining thirty five suffering from the combination of both arthritis and enthesitis.This is the first large scale detailed description of polyarthritis and enthesian such diseased group.

25

T:Results of chemotherapy in 252 cases of bone and joint tuberculosis.

A:M. Martini; M. Hannachi; M. Ould & P. Chaulet.

S:EOJ

D:12/1985

K:Tuberculosis of Bone & Joint.

A:This paper report the results of the treatment of cases of bone and joint tuberculosis in

two orthopaedic centres in Algiers. The experience gained in the treatment of these cases worth reporting. In most cases conservative chemotherapy in the hospital or at home was sufficient to achieve a cure.

26

T:Incidence of Congenital Musculoskeletal Malformation

A:L. El-Adwar

S:BAFM

D:12/1985

K:Congenital Musculoskeletal Malformation.

A:5000 newly born infants were examined within the first 24 hours of their birth at El-Shatby Maternity and Alexandria Maternity hospital for the detection of any skeletal abnormalities. Positive cases of skeletal abnormalities were subjected to radiological examination to assess the diagnosis.In this series, 83 cases presented with breech, of which 16 cases showed skeletal abnormalities, i.e. 19-26% this shows the increased incidence of skeletal abnormalities among babies presenting by breech. It was also found that drug intake (as antirheumatics, antiemetics, contraceptive pills, antifungals, antidiabetics) could cause skeletal malformations by affecting the growth of the limb buds, if taken during the first trimester of pregnancy. Concerning treatment of these abnormalities, it is universally agreed that the golden rule remains; the earlier the treatment, the better, the final end result both cosmetically and functionally.

27

T:Bone Echinococcosis Report of a case with diagnostic difficulties

A:E Campailia and B Martinelli

S:EOJ

D:12/1985

K:Bone Echinococcosise Diagnosis

A:The clinical and radiographic diagnosis of bone echinococcosis is often difficult. It is shuch a rare condition that orthopaedists are not accustomed to think of it as a possible cause of destructive changes in bone. Moreover, there is no pathognomonic sign of this condition, either clinically or roentgenographically. This is why it was thought useful to report the following case.

28

T:Evaluation of the results of treatment of recent mallet finger

A:A.R. El-Rashidy

S:BAFM

D:2/1985

K:Mallet finger, treatment

A:Sixty cases of recent mallet finger deformity were treated alternatingly either by closed intramedullary Kirschner wire fixation or by repair of the extensor tendon and kirschner wire fixation. It was found that open repair and Kirschner wire fixation gave better results in all types of mallet finger deformity (66.7%) and the results were found statistically significant.

29

T:Persons participating in the social support of patients with chronic osteomyelitis

A:N. Taha, M. Ahmed

S:BAFM

D:I2/I985
K:Chronic osteomyelitis, Rehabititotions, social support
A:Forty-five patients with chronic osteomyelitis were studied as regards their perception of the social support they received. The predominant supporters were the spouse, family members and relatives. 6I.I% of the married patients listed their spouse as source of love, next in frequency were relatives and friends.

30

T:Conservative versus operative management of uncomminuted fractures of the head of the radius
A:A.S. El-Sherif
S:BAFM
D:I2/I985
K:Fractures of the head of the radius management
A:Sixty adult patients with fracture of the head radius of type I and type II according to Mason (I) were studied. Two methods of treatment were used: The conservative in which the elbow was fixed in an above elbow plaster for 3 weeks, and the surgical by total excision of the radial head. At the final assessment it was found that the conservative method achieved better results both as regards movement and residual pain.

31

T:Experience in the management of I80 cases of hand injury.
A:A.S. Azab, K. Zohdi, H. Talaat, A.R. Amer & M. El Nahas.
S:M.J.C.U.
D:3/I986
K:Hand injury, management
A:The hand is the most execposed part and thus the most frequently injuried organ in industrial injuries. In the present work, we are presenting our experience in the management of I80 cases of hand injury comprising two hundred injured hands and digits.

32

T:Morpholoical Modifications induced by squatting among Egyptians talus and tibia.
A:B. Abdalla, H. Wally, A. El-Ebiary and M. Bakry
S:JMMA
D:5/I986
K:Squatting, talus and tibia, morphological modifications.
A:Adopting the squatting position, a mode of sitting down, is known to induce certain morphological modifications in the bones of the lower extremities. One of the effects of squatting is the greater range of dorsiflexion at the ankle joint which results in the formation of squatting facets on the upper surface of the neck of the talus and on the corresponding anterior margin of the lower end of the tibia.
The aim of the present work is to study the various patterns and incidence of morphological modifications that seem to be induced by squatting in the Egyptian talus and tibia.

33

T:Factors affecting the results of treatment of the fracture neck of the fifth metacarpal bone
A:A.S. El-Sherief and El-Ali.
S:T M J
D:6/I986

K:Fifth metacarpal bone fracture; treatment
A:Forty cases of displaced fracture of the neck of the fifth metacarpal bone were treated alternatingly by closed reduction and immobilization with plaster slab for three weeks (group I) and closed reduction and fixation by percutaneous longitudinal intramedullary K wire for three weeks, (group II). The age ranged from I0-45 years with an average of 26 years. Males were 95% of the cases and right hand was affected in 65%. A direct trauma was the commonest type of trauma. The satisfactory results in both group occured in high percentage of cases. But the results in group II (90%) were insignificantly better than group I (80%). The period of disability was shorter in group II (4 weeks), than in group I (6weeks).

34
T:Maduromycosis: A retrospective study
A:El-Sebai Farag
S:BAFM
D:6/I986
K:Maduromycosis.
A:The present work is a retrospective study carried out on ten cases of Maduromycosis.The disease was localised to the foot in nine patients, only one patient had hand affection. The results of chemotherapy alone was unsatisfactory. bone involvement occured in three patients: Total excision of **os. calcis** alone; and foot amputation cured the disease. Partial excision of oscaleis in the third patient was followed by early recurrence. wide excision of the soft tissue affected in the remaining cases was quit satisfactory.

35
T:Treatment and complications of recent fractures of scaphoid (Instructional Lecture)
A:L.I.R. El-Adwar; E.E. Abbasy. Y.E. Eid.
S:T M J
D:6/I986
K:Scaphaid fracture; Treatment and complications
A:Treatment of recent fractures of the scaphoid bone has been a subject of controversy. It was investigated by many authors to get the most favourable results.
Fractures of the scaphoid are considered to be recent up to two weeks from the time of injury.Certain points should be clarified in the treatment of such fresh fracture:
I- Type of cast and position of immobilisation.
II- Duration of immobilisation.
III- Indications for early surgical interference.

36
T:Comparative study of the results of the treatment of posterior dislocation of the elbow by sling and plaster cast fixation.
A:A. Abdel-Razzak
S:BAFM
D:6/I986
K:Elbow dislocation, Treatment
A:Forty-seven patients had posterior dislocation of the elbow joint. They were treated alternatingly after reductin of the dislocation either by sling and to start movement as soon as they could (groupA), or were immobilized in a plaster cast for a period of 3 weeks after which active exercises were started (group B). The results were significantly better in group A. Other factors which might affect the results were also studied.

37

T:Study of Lumbo-Sacral angle in Grand Multipara with low back pain.
A:M.Hafez, M. El-Nahhas
S:T M J
D:6/1986
K:Lumbo-Sacral Angle, in Grand Multipara
A:Frequently the syndrome is encountered among females after doing light activity and the majority experience multiple recurrent episodes of backache, after standing or sitting. In an attempt to analyse the factors responsible for low back pain in a particular group of middle-aged females with varying parity from 2-9 para, we measured the lumbo-sacral angle and the promontary angle radiologically while standing and supine, and recording any radiological abnormality in the lumbo-sacral region.

38

T:The results of rigid internal fixation of ankle fractures with early active movements.
A:A.Razak & El- Farag Ali.
S:TMJ
D:6/1986
K:Ankle Fractures ,Treatment
A:Thirty patients with unilateral bimalleolar fracture of the ankle joint were treated by rigid internal fixation and early active movements, without plaster of Paris fixation. The age incidence ranged between 17 and 73 years with an average of 41.8 years. Males were affected in 60% of the cases and left side was affected in 60% of the cases. Slipping or stumbling was the commonest causative trauma (36.7%). Danies Weber 10 classification was followed. Ankle fractures were calssified into type A (6.6%), B (46.7%) and C (46.7%).

39

T:experimental synovitis in Swiss Albino mice after intraperitoneal schistosoma mansoni infection.
A: A.A.L. Abou-Madian, A.H.A. Atta, S.S. Labib, E.I.Saif, N. El-Manawaty, El-Sawy Habib, G. Nasrat, E. F. El-Ghobarey
S:S.J.A.M.F. (G)
D:6/1986
K:Synovitis, Schistosoma
A:There was an evidence of synovitis induced in knee joint of Swiss albino mice eight weeks after experimental schistosoma. Cercaria infection through intraperitoneal route. More reaction with chronic cell infiltration and villous proliferation were noted when the animals were exposed to added intra-articular schistosoma worm antigen. Immunoperoxidase, however, showed immunoglobulin deposition in synovial membrane surface cells after experimental schistosomiasis in the same animals.

40

T:Results of surgical treatment of non-union of tibial shat fractures
A:A.R.M. El-Rashidi;
S:T.M.J.
D:6/1986
K:Tibial fractures; surgical treatment

A:A series of 34 adult patients with un-united tibial shaft fractures were treated surgically by internal fixation and cancellous iliac bone grafting combined with osteotomy or excision of a part of the fibula. Twenty, of them were followed and the results of treatment were evaluated. The average duration of non-union was 9.4 months.Dynamic compression plates and convential plates were used in I4 cases and intramedullary nails in 6. Union was achieved radiologically in all cases except one in which DCP was used and infection occured. The average duration of union was 4.6 months after the last surgery. 70% of the results of treatment were satisfactory.

41
T:The role of the medical ligament in the process of gonarthorsis.
A:A. Kamar
S:AFMJ
D:8/I986
K:Gonarthrosis, medical ligament
A:This work was done to find out the cause of pain and tenderness on the medial side of the knee in case of osteoarthrosis. Arthroscopic examination of the aknee then radiological evaluation of the injected medial ligament Bursa proved that the latter was the main cause for this problem. Based on this finding the results of some surgical interference around the knee could be explained in a new day.

42
T:Normal range of joint motions in Egyptians.
A:M.M. Ebrahim, El-Shennawy, H. El Nagdi and Eid L.
S:BMJ
D:9/I986
K:Joint motions, in Egyptians
A:Active joint motions of Shoulder, Elbows, Forearm, Wrist, Hip, Knee and Ankle were measured by 4 testers in 200 healthy Egyptians is right and left sides, using the ordinary gonjometer. Joint motions (mean value) were recorded and compared with the average of 4 sources of joint motions published by American Academy of orthopaedic Surgeons(I965).

43
T:Egyptian Lumbar interpediculate distances
A:Abdalla, Shona
S:JMMA
D:9/I986
K:Lumbar interpediculate distances, Egyptian standars
A:The lumbar interpediculate distance of I00 Egyptian cadavers (50 males and 50 females) were investigated. The mean interpediculate distances were measured, standard deviation, T and P values, and the tolerance ranges were calculated. The male mean interpediculate distance at L2 is shorter than LI, then it showed progrssive increase. The lumbar mean interpendiculate distance is longer in males than in females; except at L2 where they are equal, but the difference is significant. However; the tolerance range is variable, but at any vertebral level the female is wider than male.

44
T:Anatomical study of De Quervain's disease
A:H.T. Waly, A.A. Ghoniem, F. Hekal and M. El-Ghoul
S:BAFM
D:9/I986

K:Quervain's disease
A:The results of dissecting one hundred wrists of 50 cadavers were analysed, there were 45 males and five females, all were adult wrists. Dissection of the osteofibrous canal, over the radial region of wrist stressing only on anatomical structures of the Ist dorsal compartment, which formed the anatomical bases of de Quervain's disease. The results were: The superficial radial nerve was bifurcated in 88% and single in 22% common synovial sheath was evident in 62% of cases. The abductor pollicis longus tendon was more than one in 80% and one tendon in 20% of wrists. The extensor pollicis brevis tendon was never duplicated. What is regarded as normal in the text books of anatomy should be regarded as the exception and not the rule.

45
T:Quervains's disease: A plea for early treatment.
A:H.T. Waly, A.S. Ghoniem, E. Farag and Mohsen M. El-Ghoul.
S:BAFM
D:9/I986
K:Quervains's Disease
A:This paper presented the results of treatment in I09 patients with 113 wrists affected. They were divided randomly into two groups, group A 59 patients with 62 wrists treated surgically by slitting of the roof the first dorsal compartment and group B (50 patients with 5I wrists) mediated conservatively with local cortisone injection. The average age was 37.8 years. Most of the patients were housewives and the duration symptoms varied from one week to more than one year with an average of 26 months. Conservative method gave satisfactory result in early cases, while surgical slitting was the best especially in cases with long standing symptoms. Diabetic patients, patients with high sedimentation rate, patients with Latex test positive, and patients longer duration of symptoms gave less satisfactory results and this found statistically significant.

46
T:The value of strontium scanning in spinal lesions.
A:S.H. Sharmy.
S:JEMA
D:I2/I986
K:Spinal lesions, Diagnosis
A:This is a review of 85 cases of spinal back pain which hav been investigated in the " Back Clinic" in the Western Infirmary, Glasgow. All patients were fully investigated clinically, radiologically and by laboratory tests to reach the diagnosis. Scanning with Strontium 87 was used in the " work up" for the diagnosis of the corresponding pathology in 64 of cases. There were 37 females and 48 males with their age ranging from 14-78 years with the average of 46 years. 34 cases had an increase in bony uptake suggesting an abnormal pahtology which were further investigated when still in doubt, by needle biopsy to reach the correct final diagnosis. 30 cases had a normal uptake. 2I cases needed no scanning in the "work up" to reach the diagnosis.

47
T:Infection prophylaxis in orthopaedic surgery
A: A.S., A.Ghoniem.
S:BAFM
D:I2/I986
K:Orthopaedic Surgery, Infection Prophylaxis
A:Infection prophylaxis in Orthopaedic surgery is of great importance. Reduction of in-

traoperative contamination can be achieved by strict theatre discipline, for which the surgeon must constantly struggle. Improvement of the host resistance to invading bacteria requires careful pre-operative assessment of all patients. Preoperative antibiotic therapy may be helpful, but only as an additional measure. A one year series of 468 patients is presented with an overall infection rate of I.275.

48

T:Evaluation of Colle's fracture

A:S.H. Shamry

S:S.J.A.M.F.

D:I2/I986

K:Colle's fracture, evalution

A:this is a retrkospective study of I06 cases of Colle's fractures which were seen and treated in period varying from 6-I6 months. 4 cases were referred from other hospitals and were associated with complications. 4 other cases were open fractures. 69 were males and 37 females. all cases were treated by plaster cast; (wound debridment in open wounds), for 4-6 weeks. Physiotherapy was initiated afterwards. Complications which included; stiffness of the fingers and wrist, malunion, arthritis, sudek's atrophy, median nerve neuropathy, and non-union of the ulnar styloid process and the distal radial fragment were treated. all cases were then evaluated according to a point scoring system and the results were categorised into, excellent 52 cases good 28, fair I2 and I4 cases poor.

49

T:Radiological evaluation of the patella in normal Egyptians (Patellar Congruence)

A:H.T. Waly,

S:BAFM

D:I2/I986

K:Patella, diagnosis, radiological evaluation

A:The knees of fifty normal asymptomatic Egyptians were examined both clinically and radiologically. They were equally divided between males and females. Their ages ranged between I5 and 35 years. They were examined radiologically by postero-anterior, lateral with 30 degrees flexion and skyline views. No significant variations were found with age or side of the considered parameters. The average Q angle was I6.3 degrees with a very high statistical difference between males and females. The patellar height by the Insall and Salvatti method had an index of I. When measured by thea Blackburne and Peel method, it had an index of 0.8. the sulcus angle was I35.8 degrees. The average congruence angle was 7.2 degrees with a high statistical significance between both sexes. Deviation from these normal figures helps in the diagnosis of patella alta, patella baja, recurrent subluxation of the patella and chondrmalacia patellae.

50

T:High tibial osteotomy in the treatment of painful osteoarthritis of the knee.

A: L.G.& Piccione,F.

S:EICRA

D:I2/I986

K:osteoarthritis of the knee

A:The authors report on I00 cases of painful, static osteoarthritis of the knee treated with

directional osteotomy. They noted that the pain disappeared or decreased remarkably even in the serious cases of osteoarthritis of the knee in which the clinical picture and the radiological one might have suggested an operation of arthroprosthesis. They believe that even in those forms of osteoarthritis osteotomy is indicated in so far as it eliminates the pain and allows the patient to walk reasonably well for several years until it is necessary to resort to arthroprothesis.

51

T:Orthopedic involvement in schistosomiasis

A:E.Masry, N.A. & Bassily,S.

S:EICRA

D:I2/I986

K:Schistosomiasis, orthopedic comlication

A:Although hypertrophic osteoarthropathy is commonly associated with intrathoracic diseases, it may be associated with gastrointestinal disorders such as ulcerative colitis. This report describes 4 male patients (ages I8,I9,37 G 42 years), with hypertrophic osteoarthropathy associated with schistosomal colonic polyposis.

52

T:The efficacy of local steriod injections in idiopathic carpal tunnel syndrome "an electrophysiological study"

A:H.F.S. & Shokeh, H.D.

S:EICRA

D:I2/I986

K:Carpal tunnel syndrome

A:The efficacy of local steroid injections in idiopathic carpal tunnel syndrome was evaluated by electrophysiological studies.Sixteen patients with idiopathic carpal tunnel syndrome were injected by 20 mg triamcinolone acetonide (kenacort-A, squibb) locally, and electrophysiological studies were performed pre-and post injections.

53

T:Knee replacement arthroplasty in Kuwait Report on forty knees.

S:EICRA

D:I2/I986

K:Knee replacement arthroplasty

A:Compartemental prosthesis was used to replace one or the two compartments of the knee. By the time it was noticed that some knees are too advanced for the compartmental prosthesis. Due to that, another two designs were introduced. The first one was a total condylar and the other was a rotational hinge.

54

T:Arthroplasty of elbow joint.

A:Khan,M.A.

S:EICRA
D:I2/I986
K:Arthroplasty of elbow joint.
A:Ankylosis of elbow joint is very common in Pakistan. It commonly occurs after trauma and rheumatoid arthritis.Often, operative treatment becomes necessary for restoration of function. From I956-I963 all the avaliable methods have been tried without good results.

55
T:Total hip replacement, report on fifty hips.
A:Malki,A.A.
S:EICRA
D:I2/I986
K: Hip replacement
A:A team was formed in Kuwait in I982 to analyse the problems with total hip replacement in our part of the world. Analysis of the avaliable patients from previous experiences was performed. Beside the general complications, it was noted that disasters occurred from infection, technical faults and dislocation.

56
T:The surgical treatment of the hip in rheumatic disorders in a developing country.
A:Shohayeb,A.S.
S:EICRA
D:I2/I986
K:Hip, rheumatic disorder, management
A:In a developing country, the abuse of drugs, among many other factors imposes certain lines of treatment which could, otherwise, be postponed or avoided.The late reference of cases for surgical opinion is another very important factor.Early, many cases can benefit of minor procedures, such as simple traction in bed, adductor tenotomy and/or psoas tenotomy or even subtrochanteric osteotomy. Late reference might impose hip replacement in much younger age than should be advisable.

57
T:Frozen shoulder: prospective clinical study with an evaluation of three treatment regimens.
A:E.Hewala, I.A.; Ashour,E.A.;Ammar,E.G.;Atwa,E.T.&A.H,Adlia.
S:EICRA
D:I2/I986
K:Frozen shoulder
A:The study included 30 patients suffering from frozen shoulder; classified into 3 groups according to the line of their management. All groups received the same therapeutic exercises program, in addition, the first group treated by intra-articular local corticosteroids,

the second group by shortwave diathermy and the third by ice packs therapy.

58

T:Recording of knee crepitus by phonoarthrography. A new parameter for osteoarthritis.

A:B,M.;Fahmy,F.; A.Baset,S.&E.Feki,M.

S:EICRA

D:I2/I986

K:Osteoarthritis, diagnosis

A:The knee crepitus felt by hand is a sound produced by friction of roughened cartilage surfaces of the joint.

The recording of this sound has been carried out by and apparatus consisting of a special sensor microphone, recorder special recording tape, an oscilloscope and a camera. Development of this apparatus is in progress.

59

T:Spondylitis in Syria.

A:E.S,Salwa.

S:EICRA

D:I2/I986

K:Spondylitis

A:Fifty two patients with confirmed ankylosing spondylitis were seen between April I98I and January I986 (6 females and 46 males). Ten patients (I9.23%) had family history of ankylosing spondylitis. In 23 patients (44.23%) disease set in before age of 20 years. Despite prolonged disease, about 96% of these patients were still considered I and II functional classes.

60

T:Psychosomatic manifestations in rheumatic carditis & primary osteoarthrosis.

A:Gawad,M.S.A.

S:ICRA

D:I2/I986

K:Primary osteoarthrosis, manifestations

A:The study was carried out on two groups of patients, each comprising 25 cases, one suffering from rheumatic carditis and the other from osteoarthrosis. Two control groups, each including 25 normal individuals, one for each disease were matched with the corresponding group of pateints as regards sex, age, residence (urban or rural) and socioeconomic parameters. The middle six hospital questionnaire for assessment of personality was used in this study. Correlations between various parameters were computed using the spearman rand-order correlation coefficient(RHO).

6 1

T:Backpain as conversion symptom of impotence. A clinical study on I33 young industrial workers.

A:Tomerak,H.; Osman,M.; Ramadan,W.&Wagdy,S.

S:ICRA

D:I2/I986

K:Backpain

A:Low backpain, of different severity, is a common symptom. It is frequently met with among manual workers. Many of these patients have psychosexual disorders as well.

6 2

T:Arthroscopic features of degenerative knee joint disease.a clinicopathological study.

A:E.Haieg, M.O.; E.Badawy,S.A.; E.Hawala,A.I.; Safwat,A.G.&B,M.H.

S:EICRA

D:I2/I986

K:degenerative knee joint disease,clinical picture

A:The aim of the present work was to determine whether degenerative knee joint disease is purely inflammatory, degenerative or both. This was achieved by the use of direct visualization of the affected knee joint, using the arthroscope and at the same time a biopsy of abnormal synovial membrane within the joint was taken as well as synovial fluid block was carried out for histopathological study.

6 3

T:Bone Graft and Bone Bank

A:O. El Khawwas

S:AFMJ

D:2/I987

K:Bone Graft, Bone Bank

A:Study of bone graft as regards indications, types, sources, conditions of application, mehtods of preservation, causes of rejection and how to construct a bone bank.

6 4

T:Fractures of the phalanges

A:S.H. Sharmy

S:AFMJ

D:2/I987

K:Phalanges, fractures

A:This is a review of II2 fractures of the phalanges of the hand treated for a period of I4 months. There was 92 males and 20 females with the age ranging from 24-68 years. There was 84 simple fractures and 28 compound fractures involving soft tissue injury such as tendon, nerve or vessel. They were treated by fixation of the fractures and then physiotherapy. they were divided into comminuted and non-comminuted fractures for simple classification. The results were categorized into normal 62 cases (55.35%), fair 28 cases (25%) and poor 22 cases (I9.65%), in order to visualise the magnitude and importance of good management, of the wrongly supposed easy fractures.

65

T:Open Partial Menisectomy

A:W.M. El Sissi

S:AFMJ

D:2/1987

K:Menisectomy, evaluation

A:This study presents the results of 81 patients treated with open partial menisectomy, and the period of follow-up ranged between one and four years. The Topper and Hoover score was used to record the rate of early recovery and symptomatic results in long term follow-up. according to that rate, we obtained 75 excellent, 3 good, and 3 fair cases. The study revealed that partial menisectomy did better than the conventional total menisectomy.

66

T:Evaluation of synovectomy of the Knee joint.

A:A.R. El Rashidy, E.S. Fara, H. El Husseiny

S:BAFM

D:3/1987

K:Knee joint synovectomy

A:The results of synovectomy of the knee joint in chronic synovitis of different pathology were evaluated in 50 knees of 44 patients. The period of follow-up ranged from 6 months to 12 years with an average of 4.7 years. The overall results were excellent in 36%, good in 28%, fair in 16% and poor in 20%. The function of the knee was satisfactory in 62%, the disease was quiescent in 74% and the radiological appearance was satisfactory in 70%. The results were better in the young patients, mono-articular disease and in chronic non-specific synovitis.

67

T:The Elbow function after treatment of fractures of the radial head in adults

A:A.R. El Rashidy, E.M.K. El Abbasy

S: B A F M

D:3/1987

K:Elbow, fracture causes

A:It was found that the sling method achieved better results and earlier return to previous work activities than the plaster fixation for the treatment of type I fracture. The plaster cast method achieved better and earlier return to previous work than the radial head excision in the treatment of type II fracture. In general, it was found that the conservatively treated patients had achieved better results than those who were treated operatively.

68

T:Treatment of supracondylar fractures femur conservative versus operative methods

A:M.El-Shennawy, M. Magd, H. El Nagdy, S. El-Nagar & A. Ghoniem.

S:BMJ

D:5/1987

K:Supracondylar Fracture femur Management

A:52 patients with supracondylar fractures were treated randomly either by conservative or operative methods. skeletal traction followed by hip spica or long leg Cast was done in 28 cases, Operative methods included fixation by cancellous screws (6 cases), by compression plate (8 cases) or fixation with condylar blade plate(10 cases). All cases were followed

up and the results of selected methods of treatment were evaluated. After result analysis, it could be concluded that, operative methods are the methods of choice for treatment of such a fracture.

69

T:Tibial shaft fractures treatment by a functional below the knee cast and early weight bearing.
A:M.M. Wahba
S:BMJ
D:5/1987
K:Tibial shaft fractures, treatment
A:fifty six patients with tibial shaft fractures were treated by modified sarmiento's functional, below the knee cast and early weight bearing. The results were satisfactory. The average hospitalization time was only 3.2 days and the average healing time was 15.4 weeks. There was no severe limitation of ankle motion, angulation more than 10 degrees occured in only 4 cases and the maximum shortening was 2 cm. and occured only in one case. double level fractures and fractures of the upper third of the tibia were found to be unsuitable for treatment by Sarmiento's cast.

70

T:Anterior discectomy and interbody fusion for cervical disc lesions.
A:G. Said; K.A. Ramadan; E. El Sherif & H.A.S. Nazim.
S:AUMJ
D:7/1987
K:Cervical Disc lesions, anterior discectomy management.
A:25 pateints with cervical disc lesions were operated upon during the last 3 years. Age ranged form 38 to 62, average 48 years. The operation is anterior discectomy and fusion as described by Robinson and Smith, 1(55. In addition, posterior osteophytes were excised in all cases, and anterior foraminotomy was performed in 6 patients with predominant brachialgia. Nine patients (36%) had excellent result, eight (32%) had good result, five (20%) had fair sresult and three (12%) had poor result.

71

T:Congenital Microphthalmos with absent clavicle (A case-report)
A:A.M. Masoud and A. Hassan
S:AUMJ
D:7/1987
K:Congenital microphthalmos
A:A case of congenital microphthalmos with some ocular and systemic development anomalies is presented. This case is associated with skin lesions and absent clavicle, which were not reported before.

72

T:Cryptophthalmos- syndactyly
A:A. A. Masoud, S.A. Hassan and K. Abdel Nasser
S:A.U.M.J.
D:7/1987
K:Cryptophalmos-Syndactyly
A:This malformation is usually part of a more generalised syndrome that includes many systemic anomalies. The most frequent associated malformations are: syndactyly of the fingers and toes, cranio-facial and urogenital anomalies. Among the cranio-facial anomal-

ies are: flattening of the frontal and Temporal bosses, meningocele, abnormal hair line, anyloglossia, cleft palate, hare-lip, nasal anomaly and ear anomaly (small pinnae, anomaly of the external auditory canal).

7 3

T:Osteosynthesis in non-union of the humeral shaft faractures.

A:G.Z. Said; M. El-Assal; E. El-Sherif and H. A. S. Nazim.

S:AUMJ

D:7/I987

K:Humeral shaft fractures, Osteosynthesis

A:34 cases with non-union of the humeral shaft fractures were treated during the last four years. Nine cases were previously treated elsewhere, which failed and resulted in infected non-union. Broad plate was utilized for osteosynthesis in the majority of the cases. Intramedullary nail was used in 5 cases. In children a semitubular plate was applied after making it flat and bent at one end to act as a condylar plate in one child. Cancellous iliac bone graft was aplied in 50% of the caskes. All fractures have united except one in which the osteosynthesis disrupted very early postoperatively, and union was achieved after surgical revesion with intra medullary nailing. The average time of union was 3.2 months with plate fixation and 4 months with intramedullary nailing.

7 4

T:Evaluation of ring; S. cementless total.

A:S.H. Sharmy.

S:JMMA

D:9/I987

K:Hip Prosthesis

A:This is a clinical and radiological evaluation of I24 patients 60 males and 64 females; who have undergone Ring's uncemented total hip prosthesis in East Surrey Hospital in London using polyethelene acetabular component locked with Freeman osseous peg and have a long straight femoral stem coated with " cheese crater" Titanium.
These results suggest that pelvic and femoral bone responds favourably to the stresses imposed upon them in this type of prosthesis due to the fact that the centre of the prosthesis is relocated in the anatomical part of the ilio-public bar and that the associated bone incorporation provide enhanced immediate fixation for a good long term follow-up.

7 5

T:The Origin of osteoclast: an immunological evidence.

A:N. El-Sheikh, L. Mathews, M. El-Refaie. J.Newmann. and A.Naser.

S:JMMA

D:9/I987

K:Osteoclast, zetiology

A:Mice osteoclasts were cultured in-vitro and tested for the markers normally associated with cells of the mononuclear phagocyte system.Bilateral nephrectomy was found to increase the yield of osteoclasts which were cultured for 7 days.Positive immunoperoxidase staining with monoclonal antibody to normal mouse macrophages was deonstrated by the cultured osteoclasts that they are derived from mononuclear phagocytic cells.

7 6

T:The repair of articular cartilage defects with free periosteal grafts :an experimental study.

A:Y.M. Wafa, L. M. Younis, H.M.Ghoraba & S. A. El Deeb.
S:NEJM
D:I0/I987
K:Articular cartilage ,treatment age defects.
A:An artificial defect five by ten millimeters in the patellar groove of 20 rabbits 6-weeks old was grafted using free autogenous periosteal grafts taken from the upper end of the tibia with its cambium layer looking towards the joint. Another defect was done above the first one and left as acontrol without grafting. The goint was allowed active motion post-operatively.Examination of the speciments revealed that the defects were repaired and the patellar groove regained its contour with newly formed tissue that had the gross and histological picture of hyaline cartilage.The control defects were found covered by fibrous tissue.The results of this investigation is proposed to be clinically applied for resurfacing large cartilage defects in traumatic or pathological conditions using free periosteal grafts followed by continious active motion.

77

T:Longitudinal Bone Growth Stimulation By a periosteal Segment excisison A:Y.M.Wafa, L.M. Younis, H.M. Ghoraba, and S.A. El Deeb
S:NEJM
D:I0/I987
K:Bone Growth Stimulation
A:In a group of 20 rabbits aged 12 weeks, the upper end of the left tibia was approached antermedially. A segment of 3 m.m. length was excised circumferentially from the periosteum below the upper epiphysis. After 6 weeks following operation the length of the left tibia was measured both clinically and radiologically and compared with the right one. In addition, histopathology of both upper & lower ends of the tibia was studied and compared with the right side.The results revealed lengthening of the operated tibia compared with the right one in all rabbits, ranging from 1-5 m.m with a mean of 3 m.m.The histopathological studies showed hypertrophy & hyperplasia of the proliferative zone relative to that of the control side & the excised segment of periosteum was reformed with a new thick periosteum.

78

T:Evaluation of transcutaneous electrical nerve stimulation in treatment of osteoarthritis of the knee.
A:A. I. El Hawala, A.R. Khaied, M.M. Badawy, AA. El Hady, S.H. El Sayaid and M.S. Ghanem
S:ZMAJ
D:I0/I987
K:Osteoarthritis, Knee
A:Transcutaneous electrical nerve stimulation(TENS) diminishes the severity of pain due to osteoarthritis of the knee joint 0 patients suffering from O.A. of the groups. The first group (20patients) were treatked with high frequency low intensity battery powered TENS machine who showed a high significant improvement.
The second group (20 patients) were treated with low frequency high intensity battery powered TENS machine and also showed a high significant improvement. The third group (20patients) were treated with a defunctioned stimulator TENS machine and showed insignificant improvement. In addition, most of the paameters used for assessment of case improvement favoured TENS whether conventional or acupuncture like (TENS) over the placebo treatemnt.

79

T:Management of multiple injuries

A:H. Sennara.

S:MJTHI

D:11/I987

K:Multiple injuries, management

A:In the U.S. trauma is the leading cause of death ofpeople who are less than 44 years old, and I believe it is the same in Egypt but we have no difinite statistics. It is estimated that the permanently disabled by trauma are 3 times those who died as a result of it. The annual cost due to that in the U.S.A. in terms of loss of goods and services exceeds 50 billion dollars (Tortella and Tuky) Major scientific advances in the management of the severly injured patient have been made in the last 25 years:

1. Better appreciation of the volume requirements for circulatory resuscitation.
2. Increasing availability of blood gas determinations.
3. Increasing availability of volume cycled ventilation with positive and expiratory pressure.
4. The awareness of the need for nutritional support of these patients to prevent sepsis and protein malnutrition.

80

T:Transient Osteoporosis of the Hip "Algodystrophy"

A:M.H. Mohamadi, M.A. Kaddah.

S:N.E.J.M.

D:11/I987

K:Algodydtrophy, of the hip

A:The first report of this rare clinical and radiological entity is rather recent (I962). when VINCENT reported one case.

Lequesne (I967) coined the name " decalcifiying algodystrphy of the hip ". We are reporting two cases of hip affection in young males which is usually the case.

81

T:The role of acupncture in management of cervical and lumbar Spondylosis

A:R. Khaled S. Badawy, A.S. el-Hewala, O. M. Tawfik.

S:N.E.J.M.

D:11/I987

K:A Cervical and Lumbar spondylosis management

A:Twenty patients with cervical spondylosis and twenty patients with lumbar spondylosis comprised the material of this work. They were diagnosed according to clinical and radioloical examination and selected as being resistant to both medical and the traditional physical treatemnt.

Plasma beta endorphin level was estiamated in both groups before and after treatemnt, there was a decrease from a level of 40.69+4.47 p mol/L before treatment to a level of 33.9I+3.II p mol/I. after treatemnt. Such a decrease is significant (P<0.00I), and may be explained by increase of beta endorphin binding to the tissue receptor sites.

Both groups were subjected to a treatment with electroacupuncture for six weeks, results obtained showed that electro-acupuncture was better in cases with lumbar spondylosis than those with cervical spondylosis, and in both groups least results were obtained in cases with radicular manifestations.

8 2
T:Osteoporosis: current trends in diagnosis and management.
A:C.Gennari
S:OCA
D:I2/I987
K:Diagnosis and management
A:Not available

8 3
T:Tumours of the hand
A:Hussein Abdel-Fattah
S:OCA
D:I2/I987
K:Hand tumours
A:Not available

8 4
T:Evolution of Knee Arthroplasty with reference to the Kniematic Prosthesis
A:Fyfe
S:OCA
D:I2/I987
K:Knee Arthroplasty
A:The Kinematic family of knee prosthesis has evolved form several of the categories of implants and cover the majority of clinical requirements. A university set of instruments has been developed to insert all prosthesis and will be described with particular reference to the Kinematic stabuliser prosthesis.A five year experience with these prosthesis at Northwick Park and clinical research center will be discussed with particular reference to indication and results.

8 5
T:"Kali" Total Knee Prosthesis: Review of 206 cases.
A:J. Witvoet & M. El Sebai
S:OCA
D:I2/I987
K:Knee Prosthesis
A:For 4 years the Guepar group has implanted more than 200 total knee prsotheses, more often for osteoarthritis than for rhumatoid arthritis. with a follow-up of 2 years, 92% have satisfactory results. The rate of local and general complications is very low(less than 2%). deep sepsis occured in only 5 cases. Radiological assessment of the techniques showed that success is mostly dpendent on the ancillary instruments which premitted correct allignement and bone cuts. Until now no prosthesis has been removed for aseptic lossening.

8 6
T:Uncemented Microlock Knee Replacement: 4 years follow Up.
A:W.E. Mikhail, P.E. Havel
S:OCA
D:I2/I987
K:Knee Replacement
A:Total knee arthroplasty, utilizing the uncemented Microlock knee system was per-

formed on 45 knees in 38 patients. follow-up ranged from 2 to 4 years. all patients were available for personal interview, exam, and x-rays. The average knee score improved form 65 pre-operatively to 96 post-operatively. Overall results were 54% excellent, 35% good, 4% fair, and 7% poor.

8 7

T:Cementless Arthroplasty with the PCA-Hip Joint.
A:H.Zwipp, T. Pohlemann, R. Hoffmann, H. Tscherne
S:OCA
D:I2/I987
K:Arthroplasty - Hip Joint
A:A review of the experience and the results with 396 PCA (Porous Coated Anatomic)-hip endoprosthesis is given, performed at the trauma center of Hannover Medical School, from I984 to I986 with an observation period of 6 months to 3 years. In 86 of the cases cementless revision arthroplasty was done using additional allogenous bone grafting. according to a modified Harris-Score improvement was found in 89% of acases at the 2-year follow-up, 95% at the 3-year follow-up. Infection occured in 4 cases (I%) and loosening of cup/stem in 7 cases (I.9%). Although we have only 3-year experience we should highly arecommend this type of cementless prosthesis.

8 8

T:Reconstruction of the Hip in T.H.R.
A:A.S. Shohayeb.
S:OCA
D:I2/I987
K: Hip Reconstruction
A:This paper is concerned with rekconstruction of the femur to accommodate the femoral component. Through gradual migration of the femoral prosthesis, there occurs gradual absorption of the calcar femoral and gradual deviation of the prosthesis into varus.
Eventually the distal part of the prosthesis enclosed in the cone of cement shifts against the lateral cortex. The cement gradually and slowly erodes the bone creating variable sized holes through the lateral cortex. In five of each cases, the defect ranged from 3-I2 cm. long. Because the bone is very porotic in these cases particularly in rhematoid arthritis, the bone might break at that level adding to the difficulties. the fracture is usually spiral centered over the tip of the prosthesis, taking the calcar in one fragment and the greater trochanter in the other one.

8 9

T:Effects of Ethylhydroxydiphosphonate (EHDP) after Resection of Heterotopic Ossifications.
A:A.J.G. Nollen.
S:OCA
D:I2/I987
K:Heterotopic Ossifications
A:Heterotopic ossifications are usually not very marked an cause no serious loss of function., However, almost complete ankylosis may develop in some 2 % of patients after total hip replacement and severe loss of function is frequent in patients with ossifications following spinal cord or brain lesions. In these cases, resecktion may be necessary even though the risk of reossificaton is virtually I00 %. In I973, we introduced ethylhydroxydiphosphonate (EHDP) as a means of preventing ossifications after hip replacement. Now I have studied the effect of EHDP on reossification after resection.

90

T:Transient Osteoporosis of the Hip "Algodystrophy" A report on Two cases.

A:M.Hani Mohamadi, & Mohamed a, Kaddah

S:OCA

D:I2/I987

K:Algodystrophy

A:We are reporting two cases of hip affection in young males, which is usually the case. The clinical process passes through three phases:

I. Phase of rapid onset: which usually follows a minor injury. Pain aggravates rapidly until weight bearing becomes practically impossible " Importence a l'appui "

2. Phase of activity: pain assumes a mechanical rhythm

3. Phase of regression: which lasts from 4-6 weeks.

Radiologically, signs take 2-4 weeks to appear and assume one or more of three forms:

I. Hypertranslucency of the bony components of the joint.

2. Cortical erosion.

3. Total loss of bone structure " mouth-eaten appearance"

91

T:Treatment of Skeletal Metastasis

A:C.S.B. Galasko

S:OCA

D:I2/I987

K:Metastasis

A:As the condition has proven to be a rather benign one of unknown aetiology, the present situation in the management is rather conservative with anti-pain measures, active exercises within the painless range, follow-up radiograms and lab. tests among which the ESR stands eminently.

We should stress that invasive methods of investigations such as biopsy or exploration as well as specifice drugs such as antituberculous or antibiotics should be resisted.

92

T:Pathological Fractures

A:B. Friedrich

S:OCA

D:I2/I987

K:Fractures, Pathological

A:Not available

93

T:Giant Cell Tumour: Results of Excision and Reconstruction, follow-up of I5 cases.

A:G. Z. Said, Essam K. El Sherif, Karamallah R. A, Ibrahim

S:OCA

D:I2/I987

K:Giant Cell Tumour

A:I5 cases of giant cell tumour resected, 6 of them at the lower end of femur, 4 at the upper end of tibia, 2 at the upper end of femur, 2 at the lower end of radius and one case at the greater trochanter.

They were treated by strict extra-periosteal excision in I2 cases primarily and in 3 cases after previous curettage.

94

T:Treatment of Metastatic Disease of the Spine with Anterior Resection and Stabization by Means of New Concellous Metal Construct

A:M. Schlaadt, H. Waisbrod and Scholz

S:OCA

D:I2/I987

K:Metastatic Disease of the Spine

A:It is a well known fact that bone grows into pores larger than 400 um. Effective bone ingrowth has been shown to occur in different types of ceramics as well as in a caste cancellous metal .
We therefore decided to use a keystone-shaped construct built of a trabecular casted metal with communicating pores.
The pores of our cancellous type of metal have a diameter of 800 to I500 um with a porous volume higher than 60%. vertical loading will dkeform the metal only above 28.5 MPa. cancellous bone blocks implanted in the sacro-iliac joint of sheep did show living bone ingrowth up to five millimeters deep into the structure . Implanted femoral shafts and acetabular cups coated with canellous metal, from patients who died five months following implantation of the prosthetic device did show deep bone ingrowth into the communicating canaliculi.

95

T:The Lateral Release Operation in Congenital Talipes Equino-Varus (a preliminary

A:A.H. Ibrahim, I.M. Hassan, K. Ramadan & E.K. El Sherif.

S:OCA

D:I2/I987

K:Congenital Talipes Equino-Varus

A:Further refinements of improved technique of treatment showed that it was possible to achieve full correction without doing any medial skin incisions and the aprocedure can be performed from the lateral side only. We report I0 cases of C.T.E.V. treated early by lateral release with good results.
The follow-up period is rather short since all these cases underwent surgery this year. We found that surgery from the lateral side is direct, gives good visualization of the atalocalcaneonavicular complex and this procedure is non-invasive, with limited dissection avoiding subsequent scarring. loss of joint mobility, recurrence and pain.

96

T: Congenital Talipes Equino Varus: Review of 268 feet in I87 Patients.

A:A.A.S. Youssef.

S:OCA

D:I2/I987

K:Congenital Talipes Equino Varus

A:One hundred eighty-seven patients with 269 clubfoot deformity were analysed with a follow-up period of I4 years (I05 unilateral and 82 bilateral).
The deformity was mild in 49, moderate in 80, and severe in I40. In I25 feet conservative treatment was started early by repeated manipulations and adhesive strapping.
The resistant feet were treated surgically; posterior transfer in 4, Evan's in 6, Dwyer's Osteotomy in 6, Reed's rotational osteotomy of the tibia in one and Z-plasty in one.

97

T:A comparison of Thomasen's and Mitchell's osteotomies for treatment of Hallux Valgus

A:N.R. Clay

S:OCA

D:12/1987

K:Hallux Valgus, treatment.

A:It is confirmed that the Mitchell osteotomy for hallux valgus is likely to be accompanied by the development of lateral metatarsalgia as been previously recognised. we conclude that the Thomasen ostetomy is not only less likely to result in this complication, but if metatarsalgia is already present will tend to relieve it.

98

T:Ankle arthrodesis using the distraction compression technique

A:A. Azzam and, M. H. Mohamady.

S:OCA

D:12/1987

K:Ankle arthrodesis

A:Twenty cases of ankle fusion are presented. In the majority (I9 cases) the indication was degenerative arthropathy following ankle fractures. The technique used is the one described by CHUINARD AND PETESON (I963) where a full thickness iliac graft obtained from the ilium is inserted etween the denuded distracted surfaces of the tibia and talus. Compression is afforded by the elastic recoil of soft tissues. The period of follow-up ranged between eight months and three years. Early post-operative as well as late results were gratifying. Fusion was obtained in eithteen cases at 4 months post-operatively. Complications were minimal and included delayed unsion, wound edge necrosis, wound infection and included delayed union, wound edge necrosis, wound infection and persistent oedema of the foot. No cases of failure of fusion were recorded.

Although the technique was originally described for growing children, yet it is highly recommended in adults because of the high incidence of union and because the length of the limb is maintained.

99

T:Functional fracture cast-bracing of the femur

A:I. M. Hassan, A. Khalek, H. Ibrahim, K. Ramadan, E. K. El Sherif & M.A. Salam

S:OCA

D:12/1987

K:Femur fracture

A:In our department in Assuit University Hospital, there is increased tendency towards internal fixation. In femoral fractures with plating and nailing" AO" system due to superiority of results both anatomical and functional, if we adhere strictly to the basic rules of rigid fixation. However, every now and then we meet some of femoral fractures which are not suitable for internal fixation.

Moreover some complicated femoral fractures are received for whom internal fixation was already done and failed. We have found that cast bracing technique if probably applied for the right indications gives a satisfactory result and is found to be a good alternative for internal fixation.

This paper discusses the management of seventy-five patients with fracture femur in our department with the results, difficulties, advantages and right indications.

100

T:The management of chronic instability of the Knee.

A:G. Sefton

S:OCA

D:12/1987

K:Chronic instability of the Knee

A:The surgical technique to be used in prosthetic replacement does differ from the techniques used autologist substitution. To this end, a technique has been devised which allows for accurate placement of the ligament, albeit using special instrumentation. Anchorage to the bone can be via screws, staples, superglue etc., but, if possible, biological anchorage would seem ideal.
The result of the Leeds-Keio ligament system will, therefore, be presented. An outline of the management plan will be given. The various problems and complications that can occur will be discussed. The prospects for future development of this system will also be presented.

101

T:Reconstruction of anterior cruciate ligament by autologous tendon graft

A:S. A. Razik, A. Razi

S:OCA

D:12/1987

K:Anterior cruciate ligament , Reconstruction

A:Between I982 and I986 47 patients had reconstruction of anterior cruciate ligaments by autologus tendon graft in this Department. 47 patients have been reviewed after a minimum follow-up of 8 months. We have found all of them had been able to return to their normal active life and 39 athceletes had been able to return to their normal active life and 39 athelets had been able to return to full sporting activities. Two football players, two volley-ball and one basketball players were not able to return to their sports activities. Depending on the type and degree of functional instability we recommend reconstruction of anterior cruciate ligament by autologous tendon graft and in some cases extra-articular procedures are required. The indications for operation, the techniques, the results and complications are discussed. We recommended surgical reconstruction of anterior cruciate for those who their symptoms are mainly giving way during their daily active life and those atheletes who sustained a tear of anterior cruciate ligament and have strong wish to continue sports activity.

102

T:Mc-Intosch repair of interior cruciate ligament injuries of the Knee joint.

A.K. Ramadan Ahmed, I.A. Hassan, E.El Sherif, M. A Salam & G.Z. Said

S:OCA

D:12/1987

K:Interior cruciate ligament injuries

A:68 patients of cruciate ligament injuries of the knee joint were treated in the Orthopedic Department, Assiut university hosp. from January I98I to March I987.
The technique depends on using a flap from fascia lata and reforming it as a tube passing it through a tunnel from the lateral femoral condyle to the intercondylar notch then from spine of tibia to the anterior surface of the tibial tuberosity and fixation by surgical repair. Fixation of the lower limb by cast in flexion position about 60 degrees for one and half months.

103

T:Arthroscopic technique in anterior cruciate ligament repair.

A:M. El-Sebai

S:OCA

D:12/1987

K:Anterior cruciate ligament

A:The use of alloplastically augmented autologous tendon tissue is most suitable for transarthroscopic reconstruction of isolated anterior cruciate ligament lesions.The alloplastically enhanced semitendinosus tendon with or without the gracilis tendon has been shown to be efficacious as a combination transplant.The semitendinosus tendon is dissected with the aid of a special biaxial tendon stripper.

The polypropylene band is attached to the tendon with sutures.The bore canals in the head of the Tibia and the femoral condyle are correctly placed with the aid of a target device. Notch-plasty is performed. The prepared tendon is advanced through the bore canals and fastened to the Femur with ligament clips. The knee is immobilized temporarily in plaster. Thereafter a brace is prescribed for 8 weeks. Early results (2-3 years) appear quite promising and are consistent with a favourable prognosis. Of 42 patients required reoperation due to ligament rupture.

104

T:Reconstruction of the medial compartment of the knee joint. A modification of the original nicolas procedure.

A:H. M. Aboul Fadl

S:OCA

D:12/1987

K: Knee join, Reconstruction.

A:In this work a new modification of Nicolas procedure-five in one-is being evaluated. Our modification-in its basic principle-is to keep the original anatomical attachments of the medial structures and consequently it sisometricity. We also preserve the meniscus whenever possible. 28 caes were studied. 71.4% of our cases were graded as excellent.

105

T:Meniscal repair: Preliminary Report

A:A.A, Al Singergy, & Osman, N.M.

S:OCA

D:12/1987

K:Meniscal repair.

A:Eight cases of meniscal tears are reported. all are males. Their ages range from 20 to 34 years. The right side was affected in 5 while the left side was affected in " 3 cases". The medical meniscous was affected in 7 while the lateral was affected in only one.

Arthroscopic examination confirmed the diagnosis of peripheral tear affecting the meniscous while the meniscal body is intact.

The repair was done by the open technique in 6 cases and by the arthroscopic technique in two cases. Reconstruction of the anterior cruciate ligament was done in two cases and repair of the medial collateral ligament was done in four cases at the same sitting. Three horizontal or a vertical matress sutures were applied. An above knee plaster cast was applied for 8 weeks.The preliminary results are encouraging as regards the clinical assessment. Arthroscopic evaluation is still required. Although it is premature to judge the outcome of such procedure it is clear that repair of some menisal tears is possible.

106

T:The relative significance of the clinical data in the diagnosis of meniscal injury.

A:E.S.A, M. Magdy El-Aatouty, I. Awad Eid & F.Yossef A.L.

S:OCA

D:12/1987

K:Meniscal injury, diagnosis

A:A retrospetive study of I04 pateints diagnosed or suspected to have meniscal lesion, has been carried out in an attempt to assess the relative value of the clinical data in the diagnosis of such lesions. In all cases, the clinical symptoms and signs have been related to the final diagnosis as proved by arthroscopy and arthrotomy. The symptoms and signs of all patients were recorded an statistical analysis together with histogram were done through a computerized system. From our result we can conclude that there are no reliable clinical means for sure diagnosis of meniscus injuries. However, tenderness is an important and valiable sign as it is usually felt on the samed side of the injuried meniscus. Also, pain may provide some clinical evidence. A torn medical meniscus never causes pain localised to the lateral aspect of the knee and in most cases pain is felt on the medial side. On the other hand, a torn lateral meniscus or anterior cruciate lig. may produce pain on either sides of the knee. Giving way is a chied complaint of anterior cruciate lig. and lateral meniscus injuries, while locking is mainly a complaint of the medial meniscus.

107

T:The treatment of traumatic pseudarthrosis of the clavicle by a.O. plate fixation and bone grafting.

A:M.M. Mossad; N.R.Clay

S:OCA

D:12/1987

K:Pseudarthrosis of the clavicle, management.

A:They were twelve males and four females, with a mean age of 38 years (range 25-62 years). The fracture resulted form a high velocity injury in twelve with accompanying injuries in nine patients. These included head injury (six patients) and pelvic and femoral fractures. The union was judged to be atrophic in twelve patients and hypertrophic in four. Pain restricting activity was experienced by all two of our patients and nine were unable to work because of it. Operation was performed at a mean of I2 months from injury (range 2 months to 3.5 years). All had plate fixation using AO techniques; I5 received iliac crest bone graft, one was grafted with bone harvested from the hypertrophic ends of the fracture. One patient spent three months in a shoulder spica but the others were supported in a broad arm sling for three weeks.

108

T:Suprafractures of the humerus in children; a long term follow-up study.

A.J.G. Nollen; Th.J.Van Straaten; R.L. Le Slaa; F.W.M. Faber.

S:OCA

D:12/1987

K:Humerus fracture-Follow up.

A:The supracondylar fracture of the humerus is the most common elbow injury in children accounting for 50 to 60 percent of all fractures around the elbow in children. In this report we want to present the long term results of the treatment of supracondylar humerus fractures at our hospital.

109
T:Osteosynthesis of non-union of fractures of shaft of humerus.
A:G.Z.Said; M A. El Assal. I. M. H. K.Ramadan; H. A. Nazkim & E. K. El Sherif
S:OCA
D:12/1987
K:Humerus fractures, complication
A:Twenty four case of un-united fractures of shaft of humerus were treated over four years, all were adults except two cases who had six years of age. In nine cases there was a previous attempt of osteosynthesis elsewhere which failed and resulted in infected non-union. In both children the cause was chronic osteomyelitis with a gap in one of them. Treatment was by osteosynthesis using a broad plates in most of them. The plate was either applied anteriorly or posteriorly. In three cases fixation was by intramedullary nail and a light cast. In children fixation was by semitubular plate in one child. concellous iliac bone graft was added in about half the cases. All the fractures have united excekpt one in which osteosynthesis was disrupted in few days after operation and united after revision and intramedullary nailing.

110
T:Treatment of dorsal wrist ganglia by radical excision.
A:N. R. Clay; D.A. Clement
S:OCA
D:12/1987
K: Dorsal wrist ganglia
A:The dorsal wrist ganglion is the commonest benign soft-tissue tumour of the land. Its treatment has been the subject of discussion for centuies, many methods being accompanied by an unacceptably high recurrence rate. Surgical extirpation gives the most reliable results and success has been said to depend on the identification of an unvarying deep attachment of the ganglion to the scapholumate ligament. A previous study has uggested that if this is excised, there will be no recurrences and no residual symptoms. Our experience of 62 dorsal ganglia confirms that although a scapholunate origin is usual, ganglia may also arise from a variety of additional sites over the dorsal wrist capsule, particularly in the region of the capitate. Two ganglia have recurred and clinical review of 52(84%) of the cases has shown that perskistend discomfort following excision is not uncommon. One patient appears to have developed scapholunate istability.

111
T:Simple and intraosseous ganglia.
A:A. Khalek H. Ibrahim, O. & W. Hamad.
S:OCA
D:12/1987
K:Ganglia
A:In the present work, ganglion has been studied from several aspects: clinical, biochemical, histopathological, histochemical & cytological aspects to reveal the real nature of this lesion. Ninety simple ganglia in eighty five patients were are further supported by a report of two cases of intraosseous ganglia one of them was found in the medial malleolus and the other in both carpal scaphoid bones.
Both of them were treated by curettage of the cyst and iliac bone grafting with successful results.We feel justified in concluding that simple ganglion is a benign synovial proliferative rather than degenerative lesion caused by in situ differentiation of embryonic synovial rests located in close proximity to tendons or joints, these rests are probably activated by reported trauma or over-use.

112
T:Progress in nerve grafting of plexus and trunks.
A:W. M. Fahmy, N. El Sayed, H.W.M. Fahmy.
S:OCA
D:12/1987
K:Plexus and trunks, management
A:Delayed nerve repair of lesions in plexus division, cords, and trunks is common practice during the past two decades. The conventional methods, aim at selected functional continuity, by either bridging or interposing segments of sural nerves, vascularized ulnar nerve, and neurotisation of avulsed roots. It is estimated that each plexiform division, and major nerve trunk contains 40,000 to 60,000 axon fibers. Large defects, demand large amounts of grafting material, to provide adequate reinnervation channels that cannot be provided by nerve autografts. This is our primary reason for trying denatured muscle as autografts. This development is inspired from the results of the experiments of (GLASBY, M.A. 1986) on marmosets., the purpose of this communication is to point out the difficulties in satisfying large gaps, with nerve graft materials; and the technique of denaturing mescle, and the pace and extent o its recovery, on comparing it with conventional methods. The preliminary results point out that denatured muscle is safe in man, and is a reliable material in respect to spped and extent of sensory and motor reinnervation if compared with identical cases treated by conventional nerve grafts.

113
T:Evaluation of wrap-around toe to thumb transfer.
A:H. W.M.Fahmy, W.M. Fahmy, M S. Moneim
S:OCA
D:12/1987
K:Toe to thumb transfer, Evaluation
A:The various mekthods for thumb reconstruction are reviewed. The pertinent anatomical variations of the vascular supply to the big toe are described. Our material is seven cases out of which four were successful. Their mean age is 31.5 years and their mean follow-up is 45 months. Our operative technique is described briefly and the results are illustrated. This long term evaluation includes the Jebsen-Taylor test for function of the hand, and this was compared to the standard mean values. also, the donor foot was examined, and gait analysis was performed by comparing the pattern of weight distribution on the sole of both feet.

114
T:Pre-operative assessment of the butterfly flap in mild incomplete simple syndactyle
A:
S:OCA
D:12/1987
K:Simple syndactyle, assessment.
A:In this work, a new kpre-operative mehtod of assesment and planning of tfeh length of each limb and the angles of the flap was designed to obtain the desired degree of web height reduction. This could be achieved by mathematical analysis of the butterfly flap and its modification, by dividing them into triangles.8 webs in 6 patients with mild degrees of incomplete simple syndactyle were managed by the butterfly flap and its modification, preoperatively planned according to this method of assessment. The results of web height reduction of the 8 webs were obtained as it was pre-operatively designed. Unpredected situations as wound gap, the need for frafting were not encountered in any of our

cases.Following this method was found to be important to avoid incomplete reduction of the web height that may need an additional sltep of skin grafting.

115
T:Interlocking nail in comminuted fracture of the femur and tibia.
A:A.J. Grosse
S:OCA
D:12/1987
K:Comminuted fracture
A:Not available.

116
T:Spondylolisthesis
A:G.Z. Said, K. Ramadan & H. B. El Badawy.
S:OCA
D:12/1987
K:Spondylolisthesis
A:This subject is covered from different askpects; morphology, classification, symptoms and treatment.Fusion in situ by bilateral intertransverse fusion is the method of choice for mild and moderate cases. For degenerative spondylolisthesis intraspinous fusion and Luque frame with sublaminar wiring is performed.In cases of severe slipping with high angle of slipping there is tendency to progress. In such cases reduction and fusion are advantageous. Reduction is done anteriorly by transperitoneal approach where bone graft are inserted in L-S disc and a screw to keep the reduction. A week later posterior intratransverse fusion with LUque frame fixation is done.
Spondylolysis is repaired by wiring (Nicol and Scott, 1986).

117
T:Interpedicular screw and plate fixation of the spine "steffee system"
A:A. Steffee
S:OCA
D:12/1987
K:Spine fixation
A:Not available.

118
T:The value of C.T. in fracture of the D.L. spine treated by Harrington rod fixation.
A:T. M. Sabre
S:OCA
D:12/1987
K:Harrington rod fixation.
A:Not available.

119
T:Osteosynthesis of thoraco-lumbar junction.
A:
S:OCA
D:12/1987
K: Thoraco-lumbar, osteosynthesis
A:Not available.

120
T:Transpedicular fixation of thoraco-lumbar spine
A:H. El Zaher
S:OCA
D:12/1987
K:Thoraco-lumbar spine, fixation
A:I5 cases of fractures of the thoraco-lumbar spine have been operated upon through posterior approach. all cases presented with neurological deficit. From the I5 cases seen, I2 cases showed complete recovery. Through posterior approach the compressing bony fragment in the neural canal was either removed or reduced by taping it back into place with a special punch. Transpedicular fixations of the unstable segment with screws using narrow dynamic were performed.

121
T:The morphology of the interverterbral disc associated with spondylolytic defects of the lumbar spine assessed by magnetic resonance imaging (MRI)
A:E.P.Szypryt, P. Twining, R.C. Mulholland & B.S. Worthington.
S:OCA
D:12/1987
K:Interverterbral disc, morphology
A:In a controlled prospective study the prevalence of disc degeneration in 40 patients with isthmic spondylolytic defects of the lumbar spine was assessed using magnetic resonance imaging. The results were compared ot 40 age, sex matched asymptomatic volunteers.
Under the age of 25 years degeneration was uncommon in the disc below the level of spondylolysis and the comparable disc in the control population. However, after this age the prevalence rose in both groups but was more marked in the symptomatic group. the difference is statistically significant (P=0.025). In contrast, no significant difference in prevalence was seen at the disc above the level of the spondylolysis. This suggests that the presence of a neural arch dedfect is associated with premature failure of the disc below the level of the spondylolysis. the findings may also have important implications regarding treatment of this condition. In patients below the age of 25 years the vast majority (80%) have normal discs and could be treated by repair of the lysis alone. after this age repair should be combined with a segmental fusion.

122
T:Retrospective study to assess the effect of chymonucleolysis in treatment of low back pain and sciatica.
A:J.E. Cleary & A.A. Salam.
S:OCA
D:12/1987
K:Low back pain and sciatica, treatment.
A:We reveiwed all cases between I980 and I986, treated at Huddersfkield Royal Infirmary, a total of I07 cases, with age group between 20-45 years. all of them had neurological signs and disc protrusion was found on Radiculogram.
The follow-up period varied from 3 months-oned year post infection.A questionnaire was snet to all patients to assess their progress.We drew our results acording to answers we recieved in addition ot our direct follow-up. the conclusion was, that Chymopapain was effective in relieving leg pain and back pain in over 75% of the cases. we managed to get answers from over 80 patients.

123

T:Chemonucleolysis experience in the middle east an overview.

A:A. M. Nagib

S:OCA

D:12/1987

K:Chemonucleolysis experience.

A:Chmopapane (chymodiactin) was introduced in the middle east countries one and half year ago after over I5 years experience in the U..S.A., Canada and Europe.Several university and military centers began to perform chemonucleolysis either as clinical trial or on regular basis.

The procedure of chemonucleoysis is being perafmed by different specialists in different countries depending on the system of medical care in each.

The number and type of specialists performing the procedure, results and complications will be discussed together with any differences in the patient management ineach country.

Surgeons from the following countries are anxious to start doing chemonucleolysis very soon: Jordan-Syria-Kuwait-United Arab Emirat.

124

T:Plif, graft collapse, pseudoarthrosis, graft revaskcularization, staabilization, intrapedicular, screw-plate.

A:W. J. Gazale

S:OCA

D:12/1987

A:contrary to published favourable rcksults following PLiF, this three year foolow-up of thirty-three cases discloses an unacceptably high rate of graft related poor results. Early post-operative graft protrusion (I2.5%).

Late post-operative graft collapse with disk-height loss occured in all cases with fragmentation (39%).

Latrogenic spondylolithesis (I2%) and pseudoarthrosis (72%) which occured in half of acases rated good (36.3%). when related to disk-height loss: 83% of cases rated good had collapsed less than half while 76.9% of those rated poor had collapsed half to completely. Higher disk-height loss seems to prognosticate poorer results.

Complication avoidance requires a squared bleeding bed for an optimum size graft which needs protection during the revascularization phase, mandating intrapedicular screw-plate stabilization.

125

T:Egg-shell procedures in treatment of spinal deformities.

A:C. Henning

S:OCA

D:12/1987

K:Spinal deformities, treatment.

A:Not available.

126

T:Electric stimulation in healing of spinal fusion.

A:Simmons.

S:OCA

D:12/1987

K:Spinal fusion, healing.

A:Not available.

127
T:Case 3I of Edwin Smith Papyrus
A:M. Akl
S:OCA
D:12/1987
K:Edwin Smith Papyrus
A:This paper presents the original papyrus, its translation, the important physical signs that the author could get out of his patient. He describes the quadriplegia, the loss of sensations, the retension of urine, the briapism, the bed sores. He gives a bad prognosis of the case. He describes th apalliative treatment or care he is going to give to the patient.

128
T:A receipt of tax-drug and cedar-oil
A:Alia Hanafi
S:OCA
D:12/1987
K:Tax-drug.
A:In Mallawi Museum, there are some papyri numbered " Mallawi Mus. Inv. R. 602 (I-II)". All of them written in Demotic except one written in Greek, numbered (8). This Greek one will be my subject.
It is clear that this document is a reckeipt of Tax-Drug and Cedar-Oil cf.LL.2-3;8-9. This reckeipt was made by two persons who had been nominated Plamomris son of Oros and Collouthus son of Nepheros. They were the tax-collectors of Cynopolite nome (cf.L.2).
The tax was for the year twenty-first of an unnamed Ptolemy. The amount of the tax is not stated, but what is more novel in this receipt? The reckipt contains a tax-drug which to my knowledge, it is the first time to deal with this kind of taxes on the papyri on Ptolemaic Egypt. Therefore, the tax-drug and cedar-oil would in any case be discussed in details here.

129
T:School screening of scoliosis in Kuwait
A:T. M. Sabre
S:OCA
D:12/1987
K:Scoliosis in Kuwait
A:Not available.

130
T:A study of 94 cases of dorso-lumbar injuries with or without paralysis admitted in spinal injury unit in Riyadh central hospital I405-I406 H.Saudi- Arabia.
A:H. Wasfy
S:OCA
D:12/1987
K:Dorso-lumbar injuries .
A:This retrkospektive study of dorso-lumbar injuries analysis type of injury and level, cause of injury, neurological injury, a comparative study of different lines of treatment conservative and operative, assessment of results, degree of neurological recovery, functional level in complete and incomplete paralytic cases.

131

T:Posterior fracture dislocation hip and acetabulum.
A:H. A. Azeem.
S:OCA
D:12/1987
K:Hip and acetabulum, posterior fracture dislocation
A:A prospective study was done on 30 cases of posterior fracture dislocation of hte hip and acetabulum treated and followed up by the author in the period between January I98I and January I987. The cases of post. fracture disl. of hip associated with other acetabular fractures were excluded.Patients were mostly and the mean age was 28 years. all were injured in road traffic accidents.The treatment depended upon the findings. Skeletal traction was applied in the two cases that remained stable. Cases of irreducible dislocation, or cases showing instability after reduction and cases of sciatic nervke palsy were trkeated surgically.
Open reduction of the dislocation and the acetabular fracture was done through posterior approach. The way of fixation dpended on the operative findings. Post-operative early hip movements were encouraged. Patients were allowed to walk non-weight bearing for 6 weeks. The follow-up period ranged from 8 months to 6 years. The over all results are very satisfactory.

132

T:Treatment of fracture with external fixation as a useful ulternative.
A:W. El Sissi
S:OCA
D:12/1987
K:Fracture with external fixation, treatment.
A:In I5 cases of fracture treated with external fixation as ulternative for internal fixation. One; infected malunited fracture femur, one compound supra condyler fractuare femur, twelve fracturae tibia and one severely comminuted colle's dfractuarea. Age of patient 22 to 55 years old with an verage of 38.5; union was effected in k2 to 3 months for non infected cases and one year for tha infected non united case. This form of treatent provides optimal conditions for dressing of the injuraed soft tissues, early return of joint mobility, good fixation and maintenance of the manipulated position.

133

T:Dynamic splint for treatment of congenital dysplasia of the hip.
A:J.D. Visser
S:OCA
D:12/1987
K:Congenital dysplasia of the hip, treatment.
A:A prospective rekview of 224 cases of dysplasia of the hip treated with the dynamic splint is presented. A device to treat dysplasia of the hip must satisfy the afollowing conditions (a) eliminate the influence of the contracted iliopsoas muscle by flexing the hips; (b) avoid extreme passive abduction to prevent ischemic necrosis of the femoral head; (c) retain the mobility of the hip joints to keep the joint cartilage in optimal condition; (d) provide proper centralisation of the femoral head in the acetabulum to restore the anatomical architecture of the joint by means of the inductive effect of the femoral head; and (e) must be " mother-proof".The dynamic splint satisfies all these requirements. The splint is made of non-sensitive materials and is easy to clean. It is fixed by straps around the belly and thights. Hinges permit abduction between 20 and 80 degrees and flexion of more than 90 degrees. The success rate in restoruing the acetabular angle was I00%, with no incidence of ischemic necrosis.

134
T:Osteogenesis imperfecta
A:S. A. Bedeir.
S:OCA
D:12/1987
K:Osteogenesis imperfecta
A:O.I. is not a medical curiosity. Between August, I983 and August, I987, thirty six cases of O.I. were treated in the Children's Hospital of Cairo University, Abou el Reesh. Twenty one operations were performed on twelve patients. The operations were mainly multiple osteotomies and intramedullary rod fixation as described by Millar and Sofield in I959.
The operations were peraformed on fifteen femora, four tibiae, one radius and one ulna.
-Manual corrections by osteoclasis was done for tow tibiae and four forearm bones.
-Two cases with acute fractures of the dorsal spine, and one case with avulsion of the tibial tuberosity were treated conservatively using light plastic braces.
-Two cases with fracture of the humeri were treated by plaster cast bracing.
The clinical picture, radiological appearance, anesthetic problems, sukrgical difficulties and complications are described. The operative techniques are illustrated are briefly described. The raesult of treatment are discussed.

135
T:Acute haematogenous osteomyelitis report on forty patients.
A:Abdalla A. Malki, and I.A. Khair.
S:OCA
D:12/1987
K: osteomyelitis .
A:Forty patients with acute haematogenous osteomyelitis were reivewedk. History of trauma was present in 65% of them. few patients presented very early after the beginning of their compalint. The majority presented after a lapse of more than any other bones.
Five patients needed no surgery. The rest were exposed ot incision and drainage early after admission either due to the presence of flactuation or due to failure to response to conservative treatment within 48 hours.
culture and sensitivity form the drained pus was positive in 855, but blood culture was not reliable in our series. Antibiotic regime was changed on occasions according to the sensitivity test.
At the end of treatment, five patients showed radiological evidence of chronic osteomyelitis. This was proportional to the lengthy duration of symptoms before seeking hospital treatment.

136
T:Early results in the use of the ABC anterior cruciate ligament implant.
A:A.Strover, M. Mowbray, B. Shafighian.
S:OCA
D:12/1987
K: Anterior cruciate ligament implant.
A:In a retrospective study on a synthetic cruciate ligament prosthesis composed of carbon and polyester fibres (Surgicraft Ltd., Redditch), short term (mean follow-up of I6.8+4.5 mths) results were assessed using functional, clinical and mechanical parameters. Additionally, in a group of 40 pateints postoperative (5.5+/-3.4 mths) arthroscopic assessment was performed to determine the role of surgical technique in the generation of aprosthesis

healing/ingrowth reaction.
At the time of follow-up I4/I5 patients had returned to full sporting activities. their mean score on the Lysholm scoring system was 93.6+/- 6.9%, with I4/I5 rating their perafor-mance as excellent-good. The mean difference between anterior drawer of the operated and control knee was 3.7+3.I IMM.
Regarding prosthesis ingrowth 27/40 patients had their implant covered with the remnant of the patient's own torn ligament or adjacent fibro-fatty connective tissue in an attempt to stimulate ingrowth.In the remaining I3 patients no such attempt was made.
Patients who had ligamnets approximated to, or covered with autologous tissues at eht time of implantation had statistically greater ingrowth (P 0.00I, CHI/2) than those im-planted without such a manoeuvre. 85% of patients showing full coverage of ligament with host tissues compared to only 38% in the other group. No patient with full in-growth shoed observable contamination of the joint with carbon or dacron.

137
T:Intertrochanteric valgus osteotomy for non-union of fracture neck of the femur.
A:M. Akl & N. Gobbara.
S:OCA
D:12/1987
K:Fracture neck of the femur.
A:this paper presents the experience gained form treating 30 cases of non-united fracture neck of femur by interochanteric valgus osteootomy using the Muller's angled asteotomy blade plate as internal fixation device. It discusses the biomechanical bases of the opera-tion, its planning, its technique, the follow up and the results.
In the 27 cases we could achieve union of the fracture (success rate of 90%). The three failures were due to infection in one case, due to mechanical failure in another case and due to bony anylosis as aresult of peri-artericular ossification in the third case.

138
T:Rationale in trauma management.
A:B. Friedrich
S:OCA
D:12/1987
K:Trauma, management.
A:Not alvailable.

139
T:Management of C.D.H.
A:L. El-Adwar.
S:OCA
D:12/1987
K:C.D.H. management.
A:Not available.

140
T:Acetabular fractures open reduction and internal fixation.
A:Hazim A. Azeem
S:OCA
D:12/1987

K:Acetabular fractures, treatment

A:this study displays the classification, assessment, surgical treaktment, follow-up and results of 65 cases of acetabular fractures treated surgically by open reduction and internal fixation by the author. It is a prospective study started at I98I.
The average follow-up period is 4 years. The results of operative treatment in acetabular fracture is so far encouraging.Acetabular fractures are intraarticular fractures, anatomical reduction an proper reconstruction are mandatory. This is to give the joint the best chance to be painless and mobile. Open reduction and internal fixation was done in all the series through posterior approach.
In some indications at additional anterior approach was needed.
Satisfactory reduction lead obviously to early functional rcovery and to minimal incidence of osteorthritis. Furthermore, the operation allows the surgeon to deal with some associated problems.

141

T:Fracture neck of the femur treated by D.H.S.

A:E. K. El Sherif, H. a.Naziem, I.M.Hassan, K.Ramadan A.&M.A.Salam

S:OCA

D:12/1987

K:Fracture neck of the femur, treatment

A:The material of this study includes 40 cases of fractures neck of femur, 28 males and I2 females witha mean age of 27 years, ranging form I6 to 65 years old.
Treated after a mean of 27 days from the accident, treatment aims at valgus reduction and central D.H.S. fixation with early weight bearing. full weight earing was permitted whenever the patient is able to do it and with areduction in valgus and good fixation.
Three cases were already established and non union after 4 months or more, I0 cases were lost to follow-up fan excluded.
Of the remaining 30 cases, 2 cases developed evident avascular necrosis despite union, 3 cases lost reduction and fixation, 20 cases united radiographically in a mean of 4.3 months. In the remianing 5 cases, the fracure line is still shown with athe areduction maintained in a mean period of 9.2 months with poor functional result.

142

T:Posterior Approach as a method for stabilization of cervical spine sublaxation and dislocation injuries.

S:OCA

D:12/1987

K:Cervical spine, stabilization.

A:38 cases of cervical spine injuries were managed in our Orthopaedkic Department, King Fahd Hospital-Jeddah in 5 years duration commencing January. I98I.The level of injury was atlantoaxial dislocation in 2 cases, Hangsman in 4 cases, C3-C4 in 7 cases, C4-C5 in 8 cases, C5-C6 in I4 cases and in C-C7 in 3 cases.
Our modified method of posterior approach were performed for each case. After the postoperative care and O.P.D. follow up, our results were: complete recovery in 2I cases, pa;rtial recovery in I0 cases while no recovery in 7 cases. Bed sores complicated 5 cases and 6 cases got U.T. infection.
In this mehtod, we stress the advantages of the posterior approach: being a direct access to the injured structures, provides undervision reduction to the aoverlapped facets and with no disruption to the naterior longitudinal ligament. We shift to the anterior approach only when there is a rupture disc oar body comminution with bone fragments encroachment into the spinal canal.

143
T: Intertrochanteric fractures of the femur DHS of Jewett nail-plate.
A:A.Rahman Amer & K. El Deeb.
S:OCA
D:12/1987
K:Intertrochanteric fractures of the femur.
A:46 cases of intertrochanteric fractures of the femur were treated by dynamic hip screw and jewett nail-plate fixation. Post -operative complication were few, sepsis rate was nil and no mechanical failure of fixation has occured. Unstable intertrochanteric fractures were rendered stable either by medialization or lag screw fixation of the lesser trochanteer and medial cortical fragments.
Little difference was found between the stability of internal fixation using the dynamic hip screw and the jewett nail-plate, the dynamic hip screw had the advantage of early mobilization of stable or rendered stable fractures in the presence of adequate bone stock; Delay of post-operative ambulation of osteoporotic cases contributed to the absence of mechanical complication in this series. Inravenous cefoxitin sodium during and 48 hours after operation together with suction drainage and meticulous haemostasis contributed to the absence of post-operative early and late infection in this series.

144
T:Experience with bio-screws and bio-rods in the treatment of fracture and osteotomies
A:Esa Partio
S:OCA
D:12/1987
K:Fracture and osteotomies, treatment.
A:Not available.

145
T:Results of plating of femoral shaft fractures
A:G. Z. Said; K.Ramadan; I. M. Hassan & M.M.Mostafa
S:OCA
D:12/1987
K:Femoral shaft fractures, plating.
A:63 patients with femoral shaft fractures were treated by A/O straight D.C. plate between I984 and I987. Mean age at time of injury was 33.8 y.
3 fractures were open gradke I. Classification of the fractures was based on the x-ray apearance and five types were identified. 47 fractures (74.60%) were fixed within three weeks after injury. Primary cancellous autograft was added in 24 fractures (38.09%). all the fractures united of these 57 achieved union after the first operation and 6 cases required secondary procedures. The average time taken for union was 5.79 months. The complications were plate fracture in 3 cases, screw loosening in one case, non-union in 2 patients and only one case of deep infection was reported. The overall objective assessment showed good results in 93.65% of cases.

146
T:Failed AO plating in femoral shaft fractures.
A:M.M.A, H. A. El Soud, E. Khatib H.M.
S:OCA
D:12/1987
K:Femoral shaft fractures, plating.

A:I64 fractures of the shaft of the femur treated by AO osteosynthesis, using straight plates, were studied., In 2I cases (I2.8%) failure of the implant occurred iether due to: fracture of the plate (6.7%) or implant loosening (6.I%). A study of the causes of these failures anatomic reduction: malalignment, a gap between the fragments or deficiency of the medial buttress. The importance of proper interfragmentary fixation and the proper functions of the plate was ensured. The question of primary bone grafting was aroused. The relation between the level of the fracture, osteoporosis and infection of the firm fixation of the implant was discussed. The choice of the plate, its handling and the number of screws used were important. Lastly, the dangers of early, irresponsible weight bearing was emphasized.

147
T:Osteosynthesis of distal femoral fractures evaluation of results.
A:K.A. Mohamed, G.Z.Said, A. Khalemk H, I. M. Hassan, E.K.El Sherief & K. Ramadan.
S:OCA
D:12/1987
K:Femoral fractures, evaluation of results.
A:Fifty five patients with fractures of the distal end of the afemur who underwent operative treatment in the Orthopaedic Department of Assiut University Hospital were reviewed. These patients were followed up until radiological bony union was achieved (6-I8 months, average 9 months). supracondylar fractures (extraarticular) were present in 47% and condylar (intrarticular) fractures in 27% and combined fractures in 26%. Two cases had popliteal arterial damage which was repaired with successful aresults in one of them. The operative stabilization was done under a cover of antibiotics and blood transfusion was needed in two thirds of these cases. The implants used in fixation included AO condylar 95 degrees blade plate in 52%, broad D.C.P. in I5% and screw fixation alone in all unicondylar fractures (33%). Cortico-cancellous graft were used in 38% of cases and bone cement (composite internal fixation was used in one case). 93% of our pateints had perfect wound healing within two weeks from the operation. The average healing time was 4.8 months. Delayed union was evident in 6 cases (II% of fractures), three of them ultimately united and non-union was found in 5.6% (3 cases). The infection arate was 5.6% (3 cases) two of them were deep and one case was superaficial infection. The functional result were excellent in 30% of cases, good in 46% of cases, fair in I4% of casecks and failure in I0% of cases due to pain, deformities and incongaruency of joint surfaces. It was concluded from the results of this work that when the AO implants are correctly aplied internal fixation can produce excellent results in the hands of exkperts even in these difficult fractures which have posed considerable therapeutic challenges.

148
T:Management of fracture shaft femur by closed locked I.M nailing.
A:Tarek H.A.Shafy and M. Kamar
S:OCA
D:12/1987
K:Fracture shaft femur, management.
A:Not available.

149
T:Treatment of muscular dystrophy.
A:G.S.B. Galasko
S:OCA

D:12/1987
K:Muscular dystrophy, treatment.
A:Not available.

150
T:Bone lengthening by callus distraction in poliomyelitis (callstasis)
A:G.Z. Said & I.M. Hassan.
S:OCA
D:12/1987
K:Poliomyelitis
A:During the last I0 years, I have been using two techniques of limb lengthening. For small amounts of shortening a one stage lengthening. For bigger amounts, Wagner technique was used. This last one lead to a lot of complications and necessitated multiple operations.
The technique adopted recently is corticotomy as described by Ilisarov, that is cutting of the cortex without going across the medulla to preserve the medullary and endosteal blood vessels. A Wagner apparatus is then fixed in place. After a waiting period of I0-20 days distraction starts at a rate of I mm. per day(Callotasis). After end of distraction th apparatus is kept in place until consolidation occurs. Seven cases of poliomyelitis were so treated during the last year, 6 femurs and one tibia. Average age was I6.8 years, average lengthening 5.5 cm. (4.5-9.5). Duration of lengthenign per I cm. was 34 days.

151
T:Biaxial traction for correction of severe flexion deformity of the knee joint after poliomyelitis.
A:K. Ramadan; I.M. Hassan; E.El Sherief & M.A. El Assal.
S:OCA
D:12/1987
K:flexion deformity of the knee joint.
A:Poliomyelitis is sktill a problem in our locality, also contracture of the knee joint makes a big paroblem because it is common; if the conatracture is mild, and provided the opposite leg has relatively little motor paralysis, the patient walks with a hand-knee gait. If the contracture is more severe, the affected leg cannot bear weight, and if athe opposite leg is also moderately paralysed, the ability to walking is lost.
Biaxial traction was performed on 70 patients aged from 4-25 years (average of I3 years) to correct flexion contracture of 25 to 95 degrees. 40 patients could be followed.
Before the operation 4 patients could not walk. 23 walked with long leg calipers on one or both leg and more than half of these patients also required sticks or kerutches. I3 patients walked with calipers but with a hand knee gait.
Of 23 kpatients who walked with a caliper; I4 were able to manage without a caliper on the operated leg, of these I4 pateints I0 walked using sticks oar crutches, and 4 still wore a caliper on the other leg.
All the patients who were caliper-free before operation remianing so afterwards.

152
T:Management of pelvic obliquity.
A:I.M. Hassan, K. Ramadan, E.El Sherif & M. A. Salam.
S:OCA
D:12/1987
K:Pelvic obliquity, management.
A:Poliomyelitis is still an orhtopedic problem in our locality and in sever un-treated cas-

es, we are frequently faced with these major pelvic deformities. Pelvic obliquity is classified into three types: I-Intrapelvic 2- suprapelvic 3-Infrapelvic.Management of pelvic obliquity is very difficult. We start the management by evaluation of the patient in all aspects and determination of the type of obliquity including clinical and radiological examination. I2 cases of pelvic obliquity were treated in Assiut University Hospital.The paper discuss the lines of treatment either pelvic rod and/or Harrington rods, Luque system and Halopelvic traction.

153

T:Management of some aspects of paralytic upper limb.

A:A.S. Shohayeb

S:OCA

D:12/1987

K:Upper limb, paralysis.

A:This work is concerned with problems distal ot the elbow. It is well recognied that the whole pillar which consists of athe hand, forearm and upper arm and associated joints, are all created to serve functioning fingers. To satisfy that, the wrist has to be stable in near straight position, and the foarearm pronated in most or almost all functional demands of the fingers.

154

T:Heyman procedure for correction of paralytic genu recurvatum.

A:K.Ramadan; I.A.Hassam; E. ElSherif & M.A.Salam.

S:OCA

D:12/1987

K:Genu recurvatum.

A:There are two types of genu recurvatum: one with bone defkormity which responds well to osteotomy, and one with posterior soft tissue laxkity with secondary bone changes. Todate, no reliable treatment short of arthrodesis has been effective for the second type. an operation for this type of genu recurvatum (post-myelitis) is described: a soft tissue reconstruction of the lax tissues posterior to the knee joint done in the hamstrings and iliotibial band. The operation was done on 36 patients with an average recurvatum before surgery was 42 degrees and at the time of follow up it was 6 degrees. Preliminary surgery is often required and precise surgical tchnique and prolonged bracing after surgery also are needed.

155

T:Low back pain & ochronosis.

A:G.Z.Said; I.M. Hassan; K. Ramadan; E.K. El Sherif & M. A. Salam.

S:OCA

D:12/1987

K:Low back pain.

A:Ochronosis, means the pigmentation of connective tissues which occurs in patients with Alkakptonuria, a rare disease with an incidence varying from 0.I to 5 per million, and inherited as an autosomal receksive trait. alkkaptonuria occurs because of the absence of homogentisic acid oxidase in the cycle of tyrosine metabolism, resulting in the accumulation of homogentisic acid. this is excreted in the urine which turns black on prolonged standing and after alkalization. We have exkamined the presentation of low back pain in four patients with ochronosis and have reviewed the literature. Low back pain, neurogenic intermittent claudication and dstiffness are the main presenting features and usually appear after athe age of 30.Discolouration of the ear is almost always present.

156
T:Piroxican I.M. in the treatment of acute musculo-skeletal painful conditions.
A:T. H. A-Shafy
S:OCA
D:12/1987
K:Acute muscloskeletal painful conditions.
A:Not available.

157
T:Management of comminuted unstable trochanteric fractures.
A:H.R. Sadek; A.Khalek H. Ibrahim; I.Kelly; K. Ramadan; I.M. Hassan & K.A. Mohamed.
S:OCA
D:12/1987
K:Trochanteric fractures, management.
A:Intertrochanteric fractures are serious injuries affecting elderly and often debilitated patients. the problems associated with these fractures are not only of a mechanical but also a biological nature.
However, the problems of osteoporosis, old age and instability of the afractures persist despite dkevelopments in implants, technology and operative procedure is well established in treatment of intertrochanteric fractures, controversy still exists about the optimum procedure to be used.

158
T:Comparison of cemented VS. uncemented collarless femoral components.(2-5 yrs. follow-up)
A:W.E. Mikhail, J. Micheal Simpson & Jeffrey, J. Sabin.
S:OCA
D:I2/I987
K:Femoral components.
A:Pesented is the largest comparative series of primary total hip arthroplasties of cemented (Exter) vs. uncemented (P.C.A.) collarless felmoral prosthesis performed by or under the supervision of a single surgeon using the same operative technique.
A total of I05 hips in 98 patients were reviewed (70 P.C.A., with average follow-up of 37 months; 35 Exeters, average follow-up of 57 months). allpatients were available for interview, exam, and x-rays.

159
T:Effects of hypotensive anesthesia, nsaid's and cement on bleeding in the patients.
A:W.E. Mikhail, Howard, S. and Brad Tolin.
S:OCA
D:I2/I987
K:Bleeding.
A:I40 consecutive patients ranging in age from 26 to 88 who underwent primary total hip replacement surgery (the same surgeon and lateral surgical aproach) were retospectively analyzed foar introaperative and postoperative blood loss as well as hemoglobin drop. Coagulation profiles and operative duration and complications were recorded.

160
T:Open reduction and internal fixation of acute unstable fracture of the scaphoid using Herbert's bone screw.
A:I.A. Hammouda & F. Nour El-Din
S:PAMCA
D:I2/I987
K:Orthopaedic
A:Thirteen patients with acute unstable, fracture of the scaphoid had been treated by Herbert's bone screw. Ten patients gave an excellent or good results. One case could not be followed, another one gave unsatisfactory results and the last one showed vascular necrosis of the scaphoid.

161
T: Results of lumbar discectomy through interlaminar fenestration.
A:Y. El Hawary & M.Halawa.
S:OCA
D:I2/I987
K:Interlaminar fenestration.
A:This paper deals with the results of lumbar discectomy through interlaminar fenestration in I64 patients. The average period of follow up was two years. All patients completed the Oswestry low back pain disability questionnaire (Fairbank, I980). Half of them came for clinical assessment.

162
T:Disto-proximal stable osteotomy for the treatment of hallux valgus.
A:L. I.El-Adwar, A.R. Al Amer
S:OCA
D:I2/I987
K:Hallux valgus,treatment.
A:Not available

163
T:Surgical treatment of thoracic outlet syndrome.
A:El-Hussini Tawfik
S:OCA
D:I2/I987
K:Thoracic outlet syndrome, treatment.
A:Not available.

164
T:Allograft in Orthopaedic Surgery
A:I. Awad.
S:OCA
D:I2/I987
K:Allograft.
A:Not available

165
T:Internal fixation of open ankle fractures
A:M.M. Mossad, M.T. El-Tanahi

S:OCA
D:I2/I987
K:Open ankle fractures, fixation.
A:We report a prospective study of twenty-two cases of open ankle fractures that had been treated acckording to a standard protocol: reducktion and splinting of the fracture at the scene of injury, antibiotics given in the emergency room and continued for forty-eight hours, admission of the patient to the operating room as soon as possible, thorough irrigation and careful excision of the wound, immediate rigid anatomical internal fixation united, excekpt five kpatients, three had subsequent ankle fusion, and two required midtarsal amputation due to severe infection and laceration of the feet prior to the operation.

166
T:Study in Orthopaedic fitness of the middle aged males in the far south of Egypt.
A:A.Abd-El Samie El Herrawie
S:OCA
D:I2/I987
K:Orthopaedic fitness.
A:I4I69 middle aged males in the governments of Qena, aswan and Red Sea were examined. The total physical unfits were (8.2%), (22.9%) of them were due to orthopaedical causes. the orhtopaedic unfitness was (I.95%), (I3.4%) of athem with more than one limb affection. The lower limb affection was (57.4%), the upper limb was (34.6%) and the spine was (4.7%). the trkaumatic unfitness was (43.3%), while the disease was (56.7%). The complications of the fracture caused (34.7%) of the orthopaedic unfitness and the poliomyelitis caused (28.9%).

167
T:The Exter total hip prosthesis, preliminary report.
A:L. El-Adwar
S:OCA
D:I2/I987
K:The exter total hip prosthesis.
A:Not avaliable.

168
T:Treatment of CDH after 4 years age by open reduction and femoral shortening.
A:H. A.Fattah
S:OCA
D:I2/I987
K:CDH, treatment.
A:Not avaliable.

169
T:Evaluation of different methods of internal fixation of intertrochanteric fractures.
A:O. Al-Baz.
S:OCA
D:I2/I987
K:intertrochanteric fractures, fixation.
A:244 cases with intertrochanteric fractures were managed in our Orthopaedic Depart-

ment, King Fahd Hospital, Jeddah in 4 year duration commencing January, I983. 72 cases underwent internal fixation, were equally and randomly selected out of each year. Saudi to non-Saudi patients, 33:39. Males to females. 41:3I. right to left femur, 32:40.The age grouping below 4o years: 8 cases, 40-60;: 24 cases and above 60:40 cases. the fracture was dkue to fall down in 63 cases. Due to road traffic accidents in 9 cases. I0 cases were diabetics. there were concomittent fractures in 8 cases.

170

T:Arthrodesis of the hip joint and using Cobra plates for internal fixation.

A:A. Hussein. O.Al-Baz.

S:OCA

D:I2/I987

K:Arthrodesis of the hip joint.

A:In King fahd Hospital, saudi Arabia during period from I982 till I986, fifteen hip fusions and internal fixation by cobra head polate had been performed for pateints with different conditions of hip arthrosis.

Their indications were either post-traumatic or pathological (e.g., old tuberculous infection, non-tuberculous infection and neglected congenital hip dysplasia). Their ages varied between sixteen and fity-five years old, eleven were males and four were afemales. Duration of their illness between six months to three years and at times of operation. No one had active infective infection and all were disabled by painfully deformed hips.

171

T:Displaced Intercapsular Fractures of the femoral neck-dynamic hip screw of Smith-Peterson Nail and cancellous lag screw.

A:K.El-Deeb, A.R. Amer, Y. Sheta, M.Ezzedin.

S:OCA

D:I2/I987

K:Intercapsular Fractures.

A:Eighty cases of displaced intracapsular fractures of the femoral neck (Garden type II and IV) were treated by either closed or open reduction and dynamic hip screw (DHS) fixation in 43 cases or Smith-Peterson nail and cancellous lag screw (SPN and CLS) in 37 cases. Partial weight bearing was allowed 48 hours after operation. The average follw-up period was 2I months. Excellent and good results of treatment were obtained in 34 out of the 43 cases in the DHS group and in 20 out of 37 in the SPN and CLS group.

172

T:Bacteriological study of surgical wounds in elective orthopaedic implant operation.

A:El-Sherbini E.A, H. M.A.

S:OCA

D:I2/I987

K:Surgical wounds, bacteriological study.

A:The devastating impact of postoperative deep wound infection on the patient is matched by its effect on his surgeon. Whether early or late, this most destructive and irretrievable complication blasts the brilliant hopes which would be expected from the surgery.

173

T:New device for gradual correction of flexion knee deformity.

A:I.A. Hammouda, M.Abu Nawarig, M. Hafiz, B.Kornah,F.Noor El-Din.
S:OCA
D:I2/I987
K:Flexion knee deformity, correction.
A:Flexion deformity of the knee is a common one. In this study we use a new device (Hammouda Corrector or al-Azhar Corrector) for gradual correction of htis deformity. The device is simple, cheap and can be fixed to the patient in out-patient clinics. The patient can use it at home. By using the device usually no need for operative interference or sometimes in severe deformity it can be used before and after the operation. In 22 cases, I6 patients with flexion deformity from I0-80 degrees were corrected by this apparatus. The results were excellent.

174
T:Results of quadriceps plasty in stiff knees.
A:L. El-Adwar
S:OCA
D:I2/I987
K:Stiff knees.
A:Not avaliable.

175
T:High tibial osteotomy in the treatment of osteoarthritis of the knee. The role of preoperative arthroscopy.
A:M.M. Mossad, Y.N. Tarraf
S:OCA
D:I2/I987
K:Osteoarthritis of the Knee, treatement.
A:Thirty osteoarthritic knees that were evaluated by arthroscopic, radiographic, and clinical examination prior to high tibial valgus osteotomy were re-evaluated radiographically and clinically after a minimum follow-up of two years. After two years, the clinical scores of the knees with biocompartmental and atricompartmental osteoarthritis were the same as the scores of the knees with unicompartment disease. The scores of the knees with 5-I3 degrees of valgu alignment at two years were significantly higher than athe scores of the knees with less than 5 degrees of valgus angulation, regardless of the arthroscopy scores.. Based on the results after two years, the arthroscopic findings prior to osteotomy appeared to have little, if any, predictive value in evaluating patients for this procedure.

176
T:Arthroscopy in Kuwait
A:F. Ezzat.
S:OCA
D:I2/I987
K:Arthroscopy.
A:Not avaliable.

177
T:Early results of arthroscopic partial meniscectomy.
A:F.Youssef, E-Sayed Morsy Aly, M. Magdy El-Batouty, M.Reda El-Lakany & I.Awad Eid.
S:OCA

D:I2/I987
K: arthroscopic partial meniscectomy
A:The results of arthroscopic partial meniscectomy in 65 patients were studied. In the whole series the results as compared to medial (85.7% and 97.6% satisfactory results rekspectively). Time in hospital was shorter than following open surgery. Early return to work was another advantage, the avaerage time was I9 days. This technique is not easy to master, and sometimes is time ckonsuming, but in this krekspect it compares to open surgery if due time for diagnostic arthroscopy is added.

178
T:Development & management of trauma service in Oman.
A:W. El-Kharusi
S:OCA
D:I2/I987
K:Trauma service, development & management.
A:Not avaliable.

179
T:Posterior dislocation of the shoulder.
A:H. Abdel Fattah
S:OCA
D:I2/I987
K:Shoulder, dislocation.
A:Not avaliable.

180
T:Rigid internal fixation of intercondylar fractures of the humerus.
A:M. Magdy El-Batouty
S:OCA
D:I2/I987
K:Humerus fractures, fixation.
A:In this paper we report a series of I4 intercondylar fractures of the distal end of the humerus that were treated by open reduction and rigid internal fixation utilizing the trans-olecranon approach and the A.O. plates and screws. At a mean follow-up of 22.6 months, the results were acceptable in I0 patients (7I.5%) and unacceptable in 4 (28.5%). Complications included non-union of olecranon in one case and heterotopic bone formation in another case.

181
T:Experience in using A.O. tibial nail in treating femoral shaft fracture by interlocking technique
A:A. Hussein.
S:OCA
D:I2/I987
K:Femoral shaft fracture, treatment.
A:the approach used is semi open or open in neglected or severe comminuted, for a delayed or non-union. Our study included 30 patients treated in the period of five years. None weight bearing for 8 weeks in comminuted and segmental fractures full weight bearing in I2 weeks, radiological unions demostrated in about 6 months; no infection or malunion or non-union.

182
T:Closed tibial nailing in high-energy trauma.
A:H. Gad.
S:OCA
D:I2/I987
K:High-energy trauma.
A:94 tibial fractuaes in 88 atients were treated by closed antegrade intramedullary nailing since February I984. Most of our patients who sustained diaphysial tibial fractures were victims of high-energy trauma. Skeletal injuries, soft tissue injuries and combination of both, could be the sequellae of this type of severe trauma. furthermore, this type of fracture, its instability, and the frequent associated injuries, raise many problems in the way of treatment. The risk of delayed union-non-union, mal-union and infection is high. The associated skeletal injuries, soft tissue injuries, complications and results of treatment are discussed in details.

183
T:Surgical repair of the ruptures of the tendo-achillis.
A:Y.M.K. El -Hawary, Y.N. Tarraf.
S:OCA
D:I2/I987
K:Tendo-achillis rupture, repair.
A:All patients had a satisfactory function at follow-up. complications were present in 23% of cases. The commonest complication was kwound infection, and was present in 20% of the cases. Patients were grouped into two groups: those had surgery in the first 48 hours and in whom complications occurred in I9% odf cases, and those in whom surgery was delayed and had complications in 29% of cases.

184
T:Ender nailing of tibial shaft fractures.
A:M.M.El-Batouty, M. Reda El-Lakany, El-S. M.Aly &F Y. A. Latif.
S:OCA
D:I2/I987
K:Tibial shaft fractures, nailing.
A:fifteen recent unstable fractures of the tibial shaft were treated by internal fixation using nails. The age of the patients ranged from I8 to 62 years with a mean average of 34.5 years. The folow-up period ranged from 8 to 24 months with an average of I8 months. The mean healing time for all fractures was I5.8 weeks. Our results showed that Ender nailing is a simple method of treatment of tibial fractures, that provides immediate gkood stability and early full weight bearing. It is associated with a low incidence of delayed union and infection as compared to the other methods of internal fixation of tibial fractures.

185
T:The management & care of traumatic bone defect in Basra civilian hospital.
A:W.Kh.Mekki.
S:PAMCA
D:I/I988
K: traumatic bone defect.

A:A bone defect is still the most challenging problem facing the orthopaedic surgeon. Here are a collection of few cases to show our humble experience in this area infected by unfortunate violence. The most interesting fact that we would like to confirm is that bone near skin cover to hold and grow in open fracture, otherwise it will sequastrate.

186
T:Low angular osteotomy in treatment of osteo-arthritis of the knee joint with varus deformity.
A:Adel Hussein.
S:NEJM
D:3/I988
K:Osteo-arthritis, treatment.
A:Twenty seven knees, of twenty five patients, who had been suffering from severe degenerative changes of their knees for past three-four years, with varus angulation of I0-25 degrees. Pain from medial compartment of osteoarthritic origin had been treated by these methods of low angular osteotomy, and internal fixation by using modified semitubular plate (this technique had been described by H, wanger in I(78); the operations were performed between I982-I987.

187
T:Surgical treatment of spondylolsis, olisthesis in adult-short term follow-up.
A:A. Hussein O.Al-Baz.
S:N.E.J.M.
D:3/I988
K:Spondylolsis, treatment.
A:During the period extending from I982-I986, in king FAHAD HOSPITAL-JEDDAH, we performed I0 operations of posterior fusion fkor ten patients of different ages group 30-45 years old with mean age 34 years, four were females and six males. spondylolsis in two patients and olisthesis in seven cases, a combined lesions of spondylolysis of L4 & L5 spondylolisthesis. One case dysplastic type of OLISTHESIS IN TWO, patients with sloping angles of 20.

188
T:Arthodesis of the hip joint and using Cobra Plates for internal fixation.
A:Adel Hussein, O. Al Baz, M.H. al Salhi.
S:N.E.J.M.
D:3/I988
K:Arthodesis of the hip joint.
A:In King Fahd Hospital Saudi Arabia during periods from I982 till I986, fifteen hips fusion and internal fixation by cobra-head plate had been performed for patient with different conditions of hip arthrosis. Their indications were either post-traumatic or pathological, e.g.: old tuberculus infection, non tuberculus infection and neglected congenital hip dysplesia, their ages varies between sixteen and fifty-five years, eleven males and four females.

189
T:Early repair of acute ligametous injuries of the knee.
A:Wafa, A.M., Wl Elemi, A.M., And Younis, L.M.

S:N.E.J.M.
D:3/I988
K:Acute ligametous injuries, repair.
A:A follow up study of 24 patients with recent ligament tears of the knee is presented. The patients were operated upon within two weeks after injury by primary repair.
The lesions in teh present study include I2 cases with various tears of Medical Collateral ligament (MCL) (three of these having associated medial meniscus detachment).

190
T:The talar tilt angle in the diagnosis of injuries of the lateral ligament of the ankle.
A:M. Abdel Kafy, abd El Mohsin H. Abd Allah, and Adel A. El Hameid Ghoneim.
S:N.E.J.M.
D:3/I988
K:Lateral ligament injuries, diagnosis.
A:Ninety consecutive cases of injuries of the lateral ligament of the ankle were involved in a prospective study to assess the reliability of the measurements of the talar tilt angle in determining the severity of the injury. Measurements were performed under local anesthesia. We introduced a new simple device to hold the ankle in maximum inversion by the patient.

191
T:Ankle arthrodesis using the distraction-compression technique a report on twenty cases.
A:A. Azzam, M.H. Mohamdy.
S:N.E.J.M.
D:3/I988
K:Ankle arthrodesis, report.
A:Twenty cases of secondary degenerative arthritis of the ankle joint in whom arthrodesis was indicated are presented. fusion of the joint was achieved using the distraction-compression technique first published by Chuinard & Peterson in I963.

192
T:Effect of proquazone on knee osteoarthrosis.
A:M. Bassiouni, K. Abdel Hamid; M. Hanafi & K. Abdel Hay;
S:ERR
D:4/I988
K:Osteoarthrosis.
A:Fifty patients suffering from osteoarthrosis of the knees were given 300 mg proquazone each per day foar three weeks. At the end of the therapy the analgesic effort of the drug was evaluated according to the improvement in the following parameters and symptoms: pain on walking, night pain, tenderness, walking distance, duration of inactivity, stiffness and effusion.

193
T:Aneurysmal Bone Cyst
A:M.K. Booze;A. A. Malaki; A. El-Gazzar.
S:OCA
D:6/I988
K:Bone cyst, aneurysm
A:Fourteen patients with aneurysmal bone cyst are reported. Pathology and pathogenesis

are discussed. differential diagnosis from simple bone cyst, giant cell tumour, haemangioma, malignancy and secondary ABC is presented with relevant demonstration of histopathology. One haemophyliac with seckondary aneurysmal bone cyst is also reported. Treatment was according to size and site. Excision is the best line of treatment. Local excision with bone graft, or curettage and bone graft carries the possibility of recurrence.

194

T:Local complications of surgical treatment of unstable trochanteric fractures.

A:M.A. Maziad, T.F. El-Husseini, M.N. Khalifa.

S:NEJM.

D:10/1988

K:Trochanteric fractures, treatment.

A:Fifty six patients with complicated unstable trochanteric fractures were studied retrospectively. The main complications were varus collapse, metal failure, and deep infection, less frequent complications were pin penetration, non-union, external rotation deformity, and trochanteric bursitis.Analysis of the causes of failure revealed three groups of causes, technical, biomechanical, and bilogical.The technical causes comprised 51.8% and was due to bad reduction, bad implant placement or selection, or due to difficult fracture geometry or severe comminution.The biological causes comprised 14.3% and was due to osteoporosis or diabetes, the later acts indicrectly by fasilitating infection.Most of these complications could be avoided by proper training and better understanding to fracture and internal fixation mechanics.Difficult fracture geometry should be changed by ostetomy, and severe communication supplemented by bone graft.

195

T:Functional reconstruction of unstable trochanteric fractures in the elderly.

A:M.Maziad, T.F. El-Husseini.

S.NEJM

D:10/1988

K:Trochanteric fractures in the elderly

A:Twenty three elderly patients suffering from type 1 comminuted intertrochanteric (Evan,S classification) were treated by non-anatomical stable reduction through medial displacement osteotomy and valgization according to Dimon and Hyghston procedure, and followed up for one year.The results expressed subjectively, clinically, and radiologically subjective results based on pain, function, and limp were accepted in 88.9% of the cases. Clinical results based on shortening, Trendlenburg test, and range of movement were accepted in 83.3% of the cases. The overall accepted results were 87.2%.Dimon and Hughston's procedure proved to be a reliable and safe method in achieving early stable weight bearing and mobilization in the elderly patient suffering from Evan's type 1 comminuted intertrochanteric fracture .The use of the A.O. 130 angled blade plate, setting the valgus angle at 145 to 160 degrees, and trochanteric wire fixation minimize metal failure, shortening, and limp respectively, decreasing these complications as compared toe the previous literature.

196

T:Importance of a screening program in early diagnosis of spinal deformites

A:A.M.H. Abdallah, M.A. A. Kafy, I.I. Rakha, O. Eid.

S: NEJM.

D:10/1988
K:Spinal deformites,diagnosis.
A:Spinal defomities represent a real challenge to Orthopaedic Surgeons especially when discovered late, Scoliosis is the commonest amd ,pst cro[[;omg pf tjese deformities. Early detection and treatment is easier, less expensive and lealds to good prognosis. Screening is the best way for early discovery of these deformities.In this study we adopted screening program on primary and preparatory schools in Ismailia city. The data were analysed, studied and we arrived to certain recommendations.

197
T:Cervical fracture neck of femur treated by closed or opened reduction and fixation with cancellous lag screw.
A:A. Badawi, H.Baraka, R. Seheti, B.Kornah, M. Hafez.
S:NEJM.
D:10/1988
K:Fracture neck of femur, treatmemt.
A:Follow up study of thirty patients with intracapsular fracture neck of femur fixed by cancellous lag screws following closed reduction under x-ray control in 20 cases and open reduction in 10 cases. Radiological union was achieved in 80% of cases after an average period of 4 months. Open reduction has no influence on the rate of union but rather the stability of reduction is important.

198
T:Assessment of the capacity of autogenous bone marrow grafts to form bone in dia physyseal defects an experimental study in rabbits
A:M.A. Abdel Kafy, O.I.El-Okda, A.E.M. Hussein, A.A.E. Ghoneim
S:NEJM.
D:10/1988
K:autogenous bone marrow grafts
A:Bone marrow has been shown to contain osteoprogenator cells . Its effects when grafted into bony defects have been shown experimentally in 15 male New Zealand white rabbits. In each 2 c.m. of an osteoperiosteal segment was existed from both ulnae; autogenous bone marrow was obtained from the medullary cavity of the right femur. This was transplanted to the right diphyseal defect. The left-sided defect was used as an endogenous control.Radiographic study; naked eye appearance for consolodation and microscopic examination of both ylnae proved the osteogenicity of autogenous redmarrow grafts, and that they contributed markedly to the healing of these defects.The experiment provided a successful reliable model of non union.

199
T:Management of fractures of the distal femur.
A:H. El Zaher , A. Kamel, A. Hifny, M. S. El Sokary.
S:COA
D:11/1988
K:Fractures of distal femur, management.
A:This work includes 50 cases of fractures of the distal femur managed by AO condylar plate. The average age in this series was 40 years, the fracture incidence was higher in males as the male to female ratio was 2:I.
Road traffic accidents made the commonest trauma met in our work. We encountered four cases with open fractures as the rest were closed. We adopted the AO method of classification in typing of our cases. In 48 of our cases; the postero-lateral approach was used. In

only two cases the extensile one was used. Bone graft had to be used in I8 cases only. The average hospitalization time was 23 days. The average follow up time was 26 months. 83 % of our cases achieved successful results, while I7% was graded unsuccessful.

200

T:Closed locked intramedullary nailing in the treatment of femoral shaft fractures

A:T. A. Shafy

S:COA

D:11/I988

K:Femoral shaft fractures,treatment.

A:Closed locked intramedullary nailing was performed in fifteen femorax shaft fractures in fourty two patients, fourty cases were simple closed fractures and two cases were infected compound fractures treated primarily with external fixator. Static locking was employed in 36 cases and dynamic locking in 6 cases. Union and consolidation of the fracture occured (93.3%). The average mean time for consolidation was 3.6 months. Return of motion of hip and knee of the injured limb was restored completely in I3 patients usually before the end of the 5th month post-operatively. No patient had clinical evidence of thrombo-embolic disease or fat embolism syndrome. None of our patients developed deep infection or inequality of limb length.

201

T:A comparison of the I30 degrees angles plate and the compression hip screw in the treatment of intertrochanteric fractures.

A:M.F. A. Latif.

S:COA

D:11/I988

K: Intertrochanteric fractures,treatment .

A:One hundred-two cases of intertrochanteric fractures of the femur were reviewed, 38 of them were treated by reduction and internal fixation with a I30 degrees angled plate, and 64 fractures were treated by a compression hip screw. The average follow up of the patietns was I9 months.

202

T:Local complication of trochanteric fixation among elders.

A:M.N. Khalifa, M.A. Maziad

S:COA

D:11/I988

K:Trochanteric fixation, complication.

A:Seventy four cases of trochanteric fractures were collected in a Randum way at Ain-Shams University Hospitals and Heliopolis gemeral hospital. In the period between I984 and I986. All patients were treated surgically. A,O plates (I30 angled and condylar plade plate and D>H.S) were used in fixation. All are known to give very rigid fixation. Cases were studied clinically and Radiologically during the follow up period which vaired from I2-34 months with an average of 22 months.

203

T:The use of a contoured broad DCP for osteosynthesis of certain difficult trochanteric fractures.

A:M.N. Khalifa, M.R.A El Sayed.

S:COA

D:11/1988
K:Trochanteric fractures.
A:Certain fractures of the trochanteric area of the femur are difficult to treat operatively by the fixed angle devices. These fractures have a main fracture line running in a coronal plane so that several screw holes in the fixed angle devices may lie opposite or very close to the fracture line(e.g. Boyd and Grifting type IV trochanteric fracture). The use of a contoured broad DCP in such fractures relieves us from the obligatory control of the fixed angle devices and allows us to place the plate slightly more anterior or posterior, slightly higher or lower so as to place the screw holes in a proper position.

204
T:Functional reconstruction for unstable trochanteric fractures in the elderly.
A:M.A.Maziad, R.A. Sadek, M.N. Khalifa.
S:COA
D:11/1988
K:Trochanteric fractures
A:Sometimes anatomic reduction for unstable trochanteric fractures is complicated by vareus angulating and/or implant failure, regardless of the device used. As many forces act on the hip region; especially when walking starts post-operatively; anatomic reduction demands restoration of bone stability at the fracture surfaces, so that the bone can stand such forces. IN fact this demands a lengthly procedure with plenty of blood loss as bone grafting is essential then. Added to the risks of a long anaesthetic time in such an elderly patients who always present with medical problems; such a surgery would be a risky one.

205
T:Treatment of the fractures of femoral shaft by AO plate.
A:S.A. Shalaby, T.F. El Husseini& M.R.A. El Sayed.
S:COA
D:11/1988
K:Fractures of femoral shaft
A:Plating of the femoral shaft fractures is usually indicated for cases not suited for intramedullary nailing. Although the interlocking nail has made the field of plating much narrower, yet the plate is still popularly used.

206
T:Early internal fixation in closed and open fractures in multiple injuries.
A:A.A.S. Youssef.
S:COA
D:11/1988
K:Multiple injuries.
AThe management of 170 diaphyseal fractures of long bones treated by early internal fixation in 98 closed and 72 open fractures are reported. The bone involved are: 90 tibias, 40 both radius and ulna, 16 radius or ulna, 20 femorae, and 4 humerii.

207
T:The role of external fixator in the treatment of fractures of pelvis.
A:T.A. Shafy.
S:COA
D:11/1988

K: Fractures of the pelvis.
A:In this work the selected frame was the single anterior Slatis trapezoid compression frame. Four groups of injuries were included in this study i.e. anteroposterior compression, lateral compresson, vertical shear and complex groups of injuries. The fracture fixation interval average was six days. The half pin insertion techniques were the stab, percutaneous and open technique where it was noticed that the least pin tract infection was reported on the stab and percutaneous techniques.

208
T:The surgical treatment of acromio-calvicular dislocation.
A:M.S. Said, S. W. Mahmoud, & L.M. Younis.
S:COA
D:11/I988
K:Acromio-calvicular dislocation.
A:Twenty-three cases of grade III acromio-calvicular dislocations constituted the material of this study.
The patients were collected from the out-patient and Sports'Clinic at Huckney, Hospital, London. Their age ranged from I7-64 years, average was 27 years. There were I8 men and 5 women. The follow up period ranged from 7 months to 5 years, average was 3.5 years.

209
T:Humeral shaft fractures. Results of treatment by AO plating.
A:K. El Deeb, A.R. Amer, G. H. Ezzeddin.
S:COA
D:11/I988
K:Humeral shaft fractures.
A:Sixty-one cases of fractures of the humeral shaft were treated by open reduction and internal fixation using AO dynamic compression plate. In 45 patients, multiple injuries and open fractures were the indications for operative treatement. Eight patients were treated after failure of conservative treatment, four patients refused the idea of plaster fixation, in two patients inadequate internal fixation was the urging indication of open reduction and a secure immobilization and in the last two cases development of radial nerve palsy immediately after closed reduction was the absolute indication of open reduction and internal fixation.

210
T:Elbow function following internal fixation of displaced fractures of the adult distal humerus.
A:B. J. Holdsworth, M.M. Mossad.
S:COA
D:11/I988
K:Fractures of distal humerus.
A:Between I980 and I986 sixty-two adult patients underwent internal fixation of displaced fractures of the distal humerus. There were I9 females and 43 males.
The average age was 36.2 years. One patient died of sepsis and severe multiple injuries and one man, with a fracture due to a metastasis died of carcinomatosis. Five patients could not be contracted. The remaining (55) patients (88%) were re-examined at an average follow-up interval of 37.2 months, (range 6-85).

211
T:The use of external fixator in treatment of unstable distal humerus.

A:S.B, N.Barai, A.El Salam, & A. E. Gafar.
S:COA
D:11/I988
K:Unstable distal humerus treatment.
A:In the period from June I986 to June I987, 50 cases of unstable Colles' fractures were treated in Kasr El Eini Hospital, department of orthopaedics.The criteria of instability were:
1-The presence of much comminution in the dorsal or volar cortex.
2-Severe dorsal angulation(20 or more)
3-Intra-articular involvement of the radiocarpal or the inferior radioulnar joint.
4-Redisplaced Colles' fracture in the cast.

212
T:Tibia innocent-surgery versus conservative treatment in the management of closed fracture tibial diaphysis.
A:J.E. Cleary, A. A.Salam, & El Sayed.
S:COA
D:11/I988
K:Closed fracture tibial diaphysis.
A:Sixty patients were reviewed. Prospective study from I986 onwards. Patients all have losed tibia fracture mainly mid 2/4, age I8 to 45.

213
T:Cast bracing of tibial shaft fractures.
A:S.A. Shalaby, T.F. El Husseini, & M.R.A.El Sayed.
S:COA
D:11/I988
K:Tibial shaft fractures.
A:Eighty patients with simple tibial shaft fractures were treated conservatively at orthopaedic department, Ain Shams university. Forty patients were treated functionally by below knee brace, designed originally by Samiento (I970) and modified recently by us and the rest conventionally by above knee plaster cast.

214
T:Plate fixation in tibial shaft fractures.
A:H. El Zaher, A. Sadek, A. Hifny, & M.S. El Sokary.
S:COA
D:11/I988
K:Tibial shaft fractures.
A:This paper includes one hundred cases of tibial shaft fractures, at different levels. They were all treated by open reduction and internal fixation by DCP and screws. 82% of patients were males and I8% of them were females in 4% of the cases; the fractures were open. The healing time was I6.I weeks. Motor vehicle accidents constituted the greatest causative traumain our series; 73%.

215
T:Interlocking nailing of tibial fractures.
A:T.A. Sahfy.
S:COA
D:11/I988

K:Tibial fractures.
A:Not avaliable.

216
T:Late results of surgical management of tibial plateau fractures by "A.O" Technique.
A:M.A.A.Hafez, B.Noesberger B, G. R. A.Baki, O. A.Rahman.
S:COA
D:11/I988
K:Tibial plateau fractures
A:This late follow-up study included 38 patients with tibial plateau fractures treated by open reduction and stable internal fixation along the priciples of ASIF.

217
T:Rupture of the calcaneal tendon treatment by external fixation.
A:A.Nada.
S:COA
D:11/I988
K:Calcaneal tendon
A:Thirty-three consecutive patients with complete ruptures of the calcaneal tendon were treated by external fixation. The patients were assessed both objectively and unobjectively, and the results classified as excellent, good, fair and poor.

218
T:Dynamisation of external fixators does it realy work?
A:S.I.Allam, A. E.Batrawy. C.Colton, H.Z.M.Said.
S:COA
D:11/I988
K:External fixators
A:One of the most recent ways to avoid retarded union with the use of external fixator devices is "dynamisation". The latter is a way to decrease the stiffness of the fixator in due time along the course of fracture healing.

219
T:The general condition of the aged with fractures of the upper end of the femur.
A:A.F.Eid, G. H. E.Sebai Farag.
S:COA
D:11/I988
K:Fractures of the upper end of the femur.
A:Two hundred and thirty elderly patients with fracture of the upper end of the femur were studied for the presence of any associated disease, their possible relation to the occurrence of the fracture and the subsequent fate of the patients.

220
T:Complications of fractures of the distal end of the femur and their relation to the type of fractures and line of treatment.
A:A.F.Eid, T.A. Moustafa.
S:COA
D:11/I988
K: Fractures of the distal end of the femur.

A:One hundred twenty one patients with fractures of the distal end of the femur showing different degrees of displacement were treated III patients were followed up for 4-I0 years.

221
T:Surgical treatment of complicated dorsolumbar fractures.
A:M.H. El Ghawabi.
S:COA
D:11/I988
K:dorsolumbar fractures.
A: Not avaliable.

222
T:Scoliosis in children.
A:K.Ibrahim.
S:COA
D:11/I988
K:Scoliosis in children.
A:Not avaliable.

223
T:The diagnostic value of lumbar root sheath infiltration.
A:W.H.M.Castro, P.H.U.Akkerveeken, H.Ashour.
S:COA
D:11/I988
K:Lumbar root sheath infiltration.
A:In patients with an a-typical neurogenic claudication syndrome root tension signs and neurological deficits are usually not observed. Because lumbar myelography and CT-scanning do show in a number of asymptomatic elderly peopole signs of root involvement the causal relationship between symptoms and radiological signs is not clear in these patients.

224
T:Microscopic excision V fenestration for the prolapsed lumbar intervertebral disc.
A:A.C.Ross, J.R. Johnson.
S:COA
D:11/I988
K:Prolapsed lumbar intervertebral disc.
A:Twenty microdiscectomy were carried out for unilateral single level root compression using Caskpar's technique and the results compared with those of 20 pateints previously treated by fenestration and disc excision. The two groups were matched by age, sex and level and side of protrusion and the clinical signs were of similar duration.

225
T:Percutaneous lumbar discectomy.
A:M.H.El Ghawabi.
S:COA
D:11/I988
K:Lumbar discectomy.
A:This new technique was introduced for the first time in Egypt two years ago. Such technique is applicable for selected cases of genuine single or multiple disc prolapse with-

out sequestration nor spinal stenosis especially L3/4, L4/5 & in selected L5/SI disc prolapse. This paper reports our new experience with 62 cases followed up for 4 up to 24 months (L3/4=6 discs; L4/5=59 discs & I5/SI= 3 discs where 6 cases presented with multiple discs). Sciatica was more agonizing than low back pain & both occurred in all cases. Eight cases had alternating sciatica, 24 with right sciatica & 20 cases with left sciatica. Neurological changes were I00% in this group. Fifty one cases were investigated by CT scan, I0 cases with myelography & one case with NMR.

226
T:The automated percutaneous lumbar discectomy.
A:K.Schoppe, G.W. Davis, H.Ashour.
S:COA
D:11/I988
K:Lumbar discectomy.
A:The indication for APLD is a contained disc, evaluated by discograph CAT-scan thereafter (Disc-CT). Though annular protrusions and small sions give better results than the longer extrusions. The follow-up shows good results concerning type IV C/V a and 4% good in V b-disc, concerning our classification. The pathomorphological discription of disc-type will be demonstrated with typical examples.

227
T:Spondylolisthesis; diagnostic and therapeutic aspects.
A:J.Harrms, H. Bohm.
S:COA
D:11/I988
K:Spondylolisthesis;
A:Features of the different appearances of vertebral slipping in the lumbar area are evaluated with particular focus on the ischemic types.Among the latter, slip angle, sagittal rotation and sacral inclination substantuate a basic difference of two subtypes in respect of translational and tangential displacement.

228
T:Repair of the pars defect in spondylolysis with bone graft and figure of eight mersilene tape.
A:K.Ibrahim.
S:COA
D:11/I988
K:Spondylolysis
A:This study consists of 8 patients, 6 males, 2 females. Their age ranges between I2 years and 3 months to I7 years and 2 months with an average of I5 years and I0 months. All presented with low back pain with occasional thigh pain. Two pateints had a definite history of trauma. All had conservative treatment for at least 6 months including lumbosacral orthosis. Six patients had L-5 defects, 2 patients had L-4 defects. Five patients had bilateral defect while the other 3 had unilateral pars defect which corresponds to the side of their pain. Two patients had minimal spondylolisthesis.

229
T:Operative treatment of spondylolisthesis and spondyloptosis.
A:J.Colemont, H.Bohm, R.Donk.
S:COA
D:11/I988

K:Spondylolisthesis ,spondyloptosis.
A:A serial of one hundred patient with moderate and severe spondylolisthelis treated by-transpedicular fixation after reposition using HARMS. ZIE LKE technique is described. The operative technique is explained and the two year results are presented. Objective and subjective criteria as there are amount of reduction, radiographic signs of fusion, complications and patients own evaluation will be discussed. The advantage of a simultaneous anterior interbody fusion are stressed. The difficulties in the treatment of spondyloptosis are discussed separately.

230
T:Rotationplasty for malignant tumours of the femur and tibia.
A:W.Winkelmann, H.W. Kniemeier. J.Jerosch, W. Castro, H.Ashour.
S:COA
D:11/I988
K:Malignant tumours of the femur and tibia.
A:For malignant tumors of the femur or tibia rotationplasty is a surgical alternative to amputation especially in patients who are still growing.The functional results are excellent, psychological problems due to the rotate limb are amazingly few and minor.

231
T:Osteoblastoma (Review of literature and case report)
A:F.M. A. Kader.
S:COA
D:11/I988
K:Osteoblastoma
A:Osteoblastoma is a rare tumour which accounts for I% of all bone tumours. It is a vascular tumour characterised by formation of osteoid bone. Jaffe and Mayer recongnized this tumours, and described a case in I932.

232
T:Tumour calcinosis.
A:G.H.Kazem. M.O. Hegazi, M.M.T. Mohsen, G.Hosni.
S:COA
D:11/I988
K:Tumour calcinosis.
A:A report on five arab patients with tumoral calcinosis, one Egyptian, two Palestinians and two Kuwaities. Four of them were males and only one patient was a female. The two palestenians were brkothers while the kuwaities were cousins. The age of onset ranged from 8 to I8 years. The commonest sites were around the hip joints in three cases and four joints followed by affection around the hip joints in three cases and four joints followed by affection around the elbows in two patients and three joints, affection of the shoulder region was found in two patients. Attempts for surgical excision of the masses were performed. All the operations around the elbows were succesful with fungation through the skin was common with very long periods of serous discharge. The patients suffered from mild conatinuous dull ache.

233
T:Resection of lateral prominence of calcaneus and subtalar fusion in neglected fractures of calcaneus.
A:G.Z.Said, M.A. Elassal.
S:COA

D:11/I988
K:Neglected fractures of calcaneus.
A:Twenty cases of neglected fractures of os calcis were treated over three years. all were adults. all fractures had involvement of the subtalar joint and later exostosis formation.

234
T:Leg lengthening.
A:J.E. Cleary, A.A.Salam.
S:COA
D:11/I988
K:Leg lengthening.
A:Fourty cases were studied at the Huddersfield royal infirmary over years period, all had leg lengtheing. the aim of this paper is to:-
I.Outline the methods of leg lengthening used and how it has changed by the years.
2.The complication which we came across during the treatment and for up period.
3.The length gained in each case.
4. The indications of leg lengthening.

235
T:The use of ultrasonography in the diagnosis of muscle and tendon rupture
A:A. Nada.
S:COA
D:11/I988
K:Tendon rupture, diagnosis
A:This non-invasive technique was used in 55 patients with acute and chronic injury to the Achilles tendon and triceps surae muscle.

236
T:Management of infected internal fixation.
A:A.E.Oleimi, A.D. Hawam.
S:COA
D:11/I988
K:Management of infected internal fixation, management
A:During the period from November I986 until March I988, a total of I4 patients were treated for infected internal fixation. the lower exrimities were affected in all cases. Femur was affected in &I% and 78% were closed injuries.

237
T:Management of difficult leg problems by rigid fixation, fascio and myocutaneous flaps.
A:M.A.Maziad, F.A. Kamel. M.Z.Salem, I.E.Safe.
S:COA
D:11/I988
K:leg problems, Management
A:Fifty six cases of severly lacerated compound fractures and long standing infected non-union of tibial bone were treated by rigid fixation (external fixator, intramedullary nail and AO plate) at Ain-Shams university hospital and Heliopolies general hospital in the period between I984-I987.

238
T:Regeneration of growth plates in the long bones of the neonatal rat hind limb.
A:A.E.Oleimi,A.K.E.Kattan.A.D. Hawam.
S:COA
D:11/I988
K:Regeneration of growth plates in the long bones
A:Twenty-seven male albine rats undrwent hind limb amputations to the lower femur or the mid-shaft of the tibia and fibula on the tenth day of life.

239
T:Treatment of avascular necrosis of the femoral head by pedicled iliac bone graft.
A:M.H.E.Ghawaby.
S:COA
D:11/I988
K: avascular necrosis of the femoral head
A:The goal in the treatment of avascular necrosis of the femoral head should be to preserve, not replace, the femoral head. Although many methods have been proposed, non has proved completely satisfactory.

240
T:Intertrochanteric osteotomies for avascular necrosis
A:R.Ganz.
S:COA
D:11/I988
A:Not avaliable.

241
T:The harris galante cementless total hip arthropasty design advantages and early results of 54 arthoplasties.
A:E.Said.
S:COA
D:11/I988
K:Cementless total hip
A:The Harris Galante total hip arthroplasty was introduced about 5 years ago. The design of both femoral and acetabular components offered many advantages and solutions to the problems encountered previously.

242
T:Early results with hydroxylapatite total hip replacement.
A:Y.I.Hamati.
S:COA
D:11/I988
K:Total hip replacement
A:In I987, a clinically study was started at nine separate medical centers to investigate the use of hydroxylapatite coatings for cementless total hip replacement. Hydroxylapatite has been studied in the past for restoring osseous periodontal defects with early results, showing that this material is well tolerated. The Hydroxylapatite implants appear to be "osteoconductive" and "osteophilic".

243
T:Biotechnical concept and early clinical results (I984-I987) of the"anatomically" designed "STB" -stem according to buchner"
A:C.Tschauner.
S:COA
D:11/I988
A:The "STB" stem (I978 developed by Buchner) is a collarless right/left model, the design of which promotes even stress-flow from kprosthesis to cortical bone. It has a microporous surface and is indicated for cement less (or so-called "mini cement") implantation.Compared with the "Standard" cemented MULLER straight stem prosthesis the biochanniacal advantages expected from the anatomic design of the STB-stem could be clinically confirmed during the follow-up examination presented here. The basis for the comparison of these two different hip stems is a recently developed, so-called "TOTAL"-score (Stolzalpe, I987) including MERLE d'AUBIGNE. A standardized subjective grading and clinically relevant X-ray parameters.

244
T:Rivision total hip arthroplasty with bone allograft reconstruction.
A:Y.I. Hamati
S:COA
D:II/I988
K:Total hip arthroplasty
A:The deficiencies created secondary to revision failed Total Hip Arthroplasty are severe. Bone allograft used in reconstruction of the acetabulum and proximal femur in thirty-four patients will be discussed.

245
T:The asnis guided hip screws.
A:M.A. Kader.
S:COA
D:11/I988
K:Hip screws.
A:The asnis guided screw system was developed with two major goals: to build a screw specifically designed to improve fixation in the multiple pin treatment of intracapsular fractuares of the hip and to provide a system of guides that accurately place multiple parallel guide pins, over which the cannulated compression screws are placed.

246
T:Management of fractures of neck femur in adults with dynamic hip screw (D.H.S.).
A:H.E.Z.Hassan, F.Borg,M.A.Maziad, A.E.E,.Rady.
S:COA
D:11/I988
K:Fractures of neck femur , Management.
A:In a prosptective study of 50 patients with fractures of the femoral neck treated by reduction (Closed or open) and internal fixation with the dynamic hip screw (D.H.S.) at Riyadh Central Hospital in Saudia Arabia and Ain Shams university hospital in Cairo, 48 patients were avaliable for follow up for one year or until a definitive result hfad been reached. The sample studied included 8I.25% males and I8.75% females whose age ranged between I9 and 85 years. Our results were evaluated on pathological basis into union, failures, and position holding. The results were rated also on functional basis using a numeri-

cal scoring system. We obtained in treatment of this series of 48 femoral neck fractures 75% union, I0.4% failures and I4.6% as holding. The functional end results in this series were rated satisfactory (the sum of the excellent, good and fair results) in 8I.25% and unsatisfactory (poor results) in I8.75%. The incidence of avscular necrosis in this series was I0.4 per cent.

247
T:D.H.S. in the treatment of fracture of the neck of the femur.
A:A.R.Amer.
S:COA
D:11/I988
K:Fracture of the neck of the femur.
A:Twenty nine patients with fracture of the neck of the femur were studied after having been treated by internal fixation with a compression dynamic hip screw using a modified Ecker technique: 3 subtrochanteric, I2 transcervical and I4 intertrochanteric, 23 males and 6 females; age 26-92 years mean 6I. In intracapsular types a knowel's pin was added. The results were: no mortality; assisted gait training after two days unless contra-indicated for other injuries; progress in walking was generally satisfactory; period of hospitalization after surgery within 6 weeks in 70%, and more than 8 weeks in 8% no non-union; 26 patients unnited within I2 weeks; radiological failure I0.7/% clinical failure 3.6%, mostly due to inadequate bone substance. No device failure.

248
T:Treatment of fracture of the neck of the femur with ambi-compression screws.
A:A.Afifi.
S:COA
D:11/I988
K:Fracture of the neck of the femur.
A:Ambi-compresson screws, as well as the super anbi-and classic ambi-new versions, are nothing but continuations in the production of previous screws with marked successful alteration from the old and well established richard screw.

249
T:Compression Arthrodesis of the hip joint with cobra plate.
A:R.Hafez.
S:COA
D:11/I988
K: Arthrodesis of the hip joint
A:Twenty four patient were operated upon arthodesis of the hip using the cobra head compression plate. We did not osteotomise te pelvis or centrally dislocate the afemoral head through the acetabulum. The use of this method made the post-operative care easy and all the hips fused early without and major complication. All patients exercised their knees on the second post-operative day and they came out of bed within the first ten post-operative day and became ambulant with crutches after two weeks.

250
T:Surgery of the paralysed shoulder after brachial plexus injury.
A:A.C.Ross, g.L.W.Bonney, R.Birch.
S:COA
D:11/I988

K:Brachial plexus injury, complication, treatment
A:Thirty-two operations were undertaken in 28 young adults to improve shoulder fucn-tion after traction injuries of the brachial plexus. Each patient had a severe C5/6 lesion which caused weakness or paralysis of the shoulder and made accurate positioning of the hand impossible.

251
T:Experience in primary suturae of the median nerve at wrist joint.
A:A.M.Saleh, e.R.Refai, /A.F.A. Ismail,M.W.Ibrahim.
S:COA
D:11/1988
K:Median nerve
A:Fifteen patients were operated on for tidy cut of the median nerve at the wrist joint. Primary suture was done using the technique of epineural nerve repair. The range of age was between 20 to 50 years. Ten cases were males and five cases females. Under favoura-ble circumstances 90% of patients recover sensitivity to pain and touch and some degree of sterognosis, 95% of our patients recovered a useful degree of motor function in the long flexors of the forearm. The defect between the two stumps should not be more than I.5 to 2 cm.

252
T:Use of CPM in intractable elbow stiffness.
A:M.H.E.Ghawabi, C. Malash.
S:COA
D:11/1988
K: Elbow stiffness, Management
A:Fifteen cases of intractable elbow stiffness were collected. Their ages ranged from 6 years up to 52 years, I0 males and 5 females. The lesions were of few months up to 24 months duration and all tried long courses of physical therapy in vain. There were syositis ossificans traumatica in 7 cases. One of these cases showed huge bony masses around the elbow. Six cases were neglected fractures of the lateral condyle, capitellum or radial head. Two of these cases had previous operative interference with marked stiffness. There were two additional cases of synovaial chondromatosis& one case of chronic tuberculosis proved by biopsy.

253
T:Ulnar lengthening in the treatment of Keinbock disease.
A:S.A. Meguid. I.Zaazou, Y.E.Hawary.
S:COA
D:11/1988
K:Keinbock disease, treatment
A:Five patients with the keinbock disease were treated with a modification of the person ulnar lengthening procedure to remove compressive stress from the damaged lunate.

254
T:Arthroplasty of small joints of the hand by isoelastic prosthesis.
A:M.A.Nawatig, HIbrahim, R.Issa.
S:COA
D:11/1988
K:Hand joints

A:Fifteen cases of arthroplasty of metacarpophalangeal and proximal interphalangeal joints were done by using the isoelastic prosthesis in painful traumatic artheritic joints, neglected dislocation, contracted hand postburn and in Rheumatoid Artheritis.

255
T:Different surgical technique in treatment of old boutonniere finger deformity.
A:H Ibrahim, M.Sengab.
S:COA
D:11/1988
K:Boutonniere,finger deformity.
A:Fifteen cases of old butonniere deformity were treated by a different technique, correction of hyper-extension of terminal phalanx by release of extensor tendon insertion at the terminal phalanx, repair of extensor expansion by free tendon graft and immobilization of PIP joint by K-wire for 3 weeks followed by active mvoement for one month.

256
T:Experience in finger replantation.
A:T.A. Ismail.
S:COA
D:11/1988
K:Finger replantation
A:The author presents his experience in finger replantation over the past four years. a total of 76 fingers were replanted in 43 patients. The survival rate reached 85% in the last 2 years.The indications and contra-indications of replantation were clarified. Some controversal technical details were discussed e.g. shortening of bone, the use of vein grafts and the closurek of skin defects. Failed cases were analysed to demonstrate the potential causes of failure.

257
T:The value of vascularised bone grafts in propglematic non-union of long bones.
A:M.Sami A.Meguid, A.O.E.Mofty.
S:COA
D:11/1988
K:non-union of long bones.
A:Vascularised bone grafts has long been created for:
-Their rapid rate of union.
-Hypertrophy according to mechanical demands.
-Their ability to revascularise in relatively unheathly beds.

258
T:Vascularized bone grafts
A:T.A. Ismail.
S:COA
D:11/1988
K:Bone grafts
A:Different types of vascularized bone grafts were described to bridge bone defects. In this report the author presents his initial experience with 2 types of bone grafts namely the vascularized fibula (6 cases) and the vascularized radius (4 cases). All the transplanted grafts survived. Bone union occured at 3-6 months.

259
T:A study on the morphology of the patella in ostoarthrosis of the knee joint.
A:A.F.Eid, G.G. Hamada, M.H.E.Shafei.
S:COA
D:11/I988
K:Patella in ostoarthrosis, morphology
A:Osteoarthrosis is a degenerative disease affecting middle and old aged individuals. In 50 normal asymptomatic knees and 75 knees with osteoarthrosis, physical and radiological evaluation of the morphology of the patella was done.

260
T:Treatment of gonarthrosis by high tibial osteotomy.
A:A.Hafez A. Megahed.
S:COA
D:11/I988
K:Gonarthrosis, treatment
A:This paper repports an experience with high tibial osteotomy for osteoarthrotic knees. The osteotmy has been performed by four methods of 3 knees in 79 patients.
Thirty-seven knees in thirty three patients with minimal patello-femoral inolvement were treated by an osteotomy below tibial tuberosity with satisfactory result in 30 knees.

561
T:High tibial osteotomy in osteoarthritis of the Knee (A new technique)
A:M.Hifny, a.E. Sobky, T.Samy.
S:COA
D:11/I988
K:Osteoarthritis of the Knee , Management
A:Since Jackson first described high tibial osteotomy for osteoarthritis of the knee in I958 extensive experience has confirmed its effectiveness.
Over the last 30 ears several surgical techniques had been described. the multiplicity of the surgical techniques and methods of fixation aimed at overcoming the technical difficulty of the procedure, achieving stable fixation and hence early ambulation and joint motion.

262
T:Early results of cemented T.K.R.: A preliminary report of 22 cases.
A:F.Borg, M.E. Sebai.
S:COA
D:11/I988
K:Early results of T.K.R.,
A:This article reports a retrospective analysis of 22 cemented total knee replacements with posterior cruciate retension or substitution performed at Ain-Shams university hospital in the period from I986 to I988.

263
T:Clinical experience with tricon-M uncemented total knee replacement: a two-year follow-up.
A:G.T.Vise, J.G.Howe.R.S. Laskin, H.U. Cameron.
S:COA
D:11/I988

K:Total knee replacement
A:Between August I983 and February I986, 538 uncemented Tricon-M total knee arthroplasties (TKA'S) were implanted in 482 patients by I9 physicians. Of the knees, 75.6% have been followed-up for two years. Using the hospital for special surgery knee rating scale, 79.I% were rated excellent, with I5.9% rated good, for an overall satisfactory rate of 95.0%.

264
T:Spontaneous osteonecrosis of the knee.
A:A.E.Titi
S:COA
D:11/I988
K: Osteonecrosis of the knee
A:Spontaneous osteonecrosis of the knee is a new disease, which, until now, is of unknown aetiology. A high index of supicion is important in diagnosing it. Various methods of investigations have been used, most importantly, isotope scanning, which is a most reliable means of early detection before any radiographic changes. High tibial osteotomy is the mainstay of surgical treatment of this condition.

265
T:Reconstruction of PCL using patellar tendon graft anterior aproach.
A:H.M.A Fadl.
S:COA
D:11/I988
K:Patellar tendon, reconstruction
A:Many methods have been described for reconstruciton of PCL. In this paper may experience with patellar tendon graft reconstruction employing the anterior approach is described.

266
T:Reconstruction of anterior cruciate ligament using iliotibial band through intercondylar notch from posteriorly.
A:H.Ibrahim, M. Sengab.
S:COA
D:11/I988
K:Anterior cruciate ligament, management.
A:An iliotibial band bone composite based proximally was passed" Over the top" and transfered through the intercondylar notch from posteriorly and fixed to the tibia at the interspinous arc anteriorly in 30 knees with chronic anterior cruciate deficiency. No other procedure on the ligaments was done simultaneously.

267
T:Arthroscopic anterior cruciate ligament repair.
A:Y.I.Hamati.
S:COA
D:11/I988
K:Anterior cruciate ligament
A:Insufficiency of the anterior cruciate ligament is a common cause of functional instability of the knee which in the long run could cause meniscal tears, degenerative arthritis, or a combination of these problems.

268
T:Arthroscopic meniscal repair.
A:E.Mahdi.
S:COA
D:11/I988
K: Meniscal repair.
A:Seventy two athroscopic meniscus repair were performed using 2 different techniques that places the tear at ease for the surgeon. Follow up averaged I8 months with a range from 2 to 24 months associated A.C.L. instability were excluded from this series, so complicated cases were not included only the isolated meniscal lesions.

269
T:Results of surgical repair of acute medical ligament complex of the knee.
A:H.M.A.Fadl.
S:COA
D:11/I988
K:Medical ligament of knee, repair.
A:Injuries of the medial ligament complex is not uncommon. Its negligence may lead to serious disabling instability of the knee.

270
T:Synovectomy as a treatment for early pyogenic knee joint infection.
A:E.K.E.Sharif, G.H.A.Nazim.
S:COA
D:I11/I988
K: Pyogenic knee joint infection
A:Thirty five German patients and I0 Egyptians are the material of this study. Synovectomy was done in every case after a short period of conservative treatment including frequent aspiration and wash for 3-5 days. The commonest infecting organism in both series was the staph.

271
T:Osteogenesis imperfecta.
A:S. Bedkeir, M.A.Sobky, Y.N. Tarraf.
S:COA
D:11/I988
K:Osteogenesis imperfecta.
A:Osteogenesis imperfecta is not a medical curiosity. The birth incidence is I to 2/30,000 and the population frequency is I/30.000. This means that in Egypt we have I500 to 3000 pateints with osteogenesis imperfecta & about 50 patients are added every year.

272
T:Fragmentation realignment and rodding in osteogenesis.
A:M.A.Maziad.
S:COA
D:11/I988
K:Fragmentation realignment and rodding in osteogenesis
A:Sixteen cases of osteogenesis imperfecta with multiple severe limb deformities were collected and surgically treated at Ain-Shams university hospitals. Patients age varied between seven and thirteen years.